y is necessary, please exe-director. Page 4 shauld be TO DEPLY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any is necessary cute certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fune, director. Pag forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial. ar remaval. VS. A15ME(5)

5M 9/55

	m	MARYL MI	DICA	STATE DEPAR	ER'S	CERTI	IEALTI FICAT		DEATH	18	07	496
-		910		Item 8 Fil	mG2	68 8-8				Reg. Dist.	140.	
1.	PLACE OF DEATH a. COUNTY	877				2. USUAL RE			sed lived. If institu b. COUNT		before adr	nission)
-	CITY OR TOWN	Allegany		MARY			Maryl			ALLeg	N	
	and give nearest tow	If outside corporate limits, writ n)	e RURAL	c. LENGTH OF STAY	IN 15	c. CITY OF	town (IF	outside cor	porate limits, write	RURAL and gi	ve nearest t	awn)
-	Cumber			1 hour			lumber	land	Rural			
		emorial Hos		spital, give street addres	4)	d. STREET Rout	te 4,				10	RESIDENCE N A FARM?
100	NAME OF DECEASED (Type or print)	Fir T A	NTE	Middle	_	Los BAKER	f	4. DATE OF DEATH	Manth		Day	Year 19 60
5.	SEX	V 44	why I makes admiss?	ED NEVER MARRIED			1		9. AGE (In years	IF UNDER 1Y		
	Female	White	WIDOWE				1.8779	3,000	fost birthday) 70 yrs.	Manths Da	/s Haurs	Min.
100	. USUAL OCCUPATI	ON (Give kind of work		KIND OF BUSINESS OR	_   C			or foreign		12. CITIZE	OF WHAT	T COUNTRY
1	during most of working Housew:	ng life, even if refired)										
13.	FATHER'S NAME	116	J OW.	n home		14. MOTHER'S	MAIDEN N	IAME		I IIS	Α	
	Coon	ge W. Piper							0			
15.	WAS DECEASED EV	ER IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO.	17. IN	FORMANT	ErLott	e Man	sfield Address			
(Ye	No. or unknown)	(If yes, give war or dates of	service)	None		ert H.	Bolson	Pos		h a m l a u	a wa	
		TH [Enter only one cau	se per line		IMIL	er o II.	parel	Rou	te 4, Cum	berlan		
	The second second	TH WAS CAUSED BY:	~	ORONARY OCC	T.TTC	CON					ONSET AND D	
	412	IMMEDIATE CAUSE (a)		OIONAILI OOO	HOD.	LOIN					SUDD	H.IN
	Canditions, if a	DUE TO	C	ORONARY SCL	EROS	STS						31/1/2
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	(a), staling the											
z		(c)		ONTRIBUTING TO DEATH	BUT NO	OT RELATED TO	THE TERMI	NAI DISEAS	E CONDITION GIVE	EN IN PART 1/	24W 91 10	AUTORSV
ATIO			_				THE TERRITOR	MEDISERS	e continuon on	PIA IIA CAME II	PERF	ORMEDZ
IFIC	20a. EXTERNAL CA	USE WAS 20	h. DESCRIR	E HOW INJURY OCCUR	RED (Fr	ter nature of in	ingu in Bart	Las Park II	of item 10.1		YES _	NOVEY
L CERTIFICATION	PRIMARY   or CO CAUSE OF DEATH.	NTRIBUTING	o. Daockib	e novi ilisoki occok	neo. jen	not notifie of th	ilotà ili con	i di ron ii	or nem 15.)			
MEDICAL	20c. TIME OF INJU	RY Month, Day, Yea	or 20d. While		e. PLAC	E OF INJURY (I	Home, farm,	20f. (City	y or town)	(County	)	(State)
ME	Haur a.m. p. m.	19		e Nat while ork of work		,,						
	21. I certify ti	hat ( taak charge	af the	remains described	abov	e, held an	Autapsy	, D, G	nspection 🔽,	Inquiry	VI. and	find tha
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		0		110 1								
	ACTUAL	2 redect	- O#	tareles)	)	, M.D.	EDICAL EX				DATE	SIGNED
	EXAMINER'S NAME (Type) B	ENEDICT SKI	TAREL	IC, M.D.				XAMINER S		7 30, 1	960	
220	BURIAL, CREMATIC REMOVAL (Specify)	N, 226. DATE THEREC	F	22c. NAME OF CEMETE	RY OR C	REMATORY		22d. LOCA	TION (City, town, o	r county)	(Sta	ite)
B	urial	Aug. 2,19	60	Sunset Memo	rial	Park		Cu	mberland.	Md.		
23.	FUNERAL DIRECTOR			ADDRESS			240. REC'D	BY REGIST	RAR 24b. REGIS	TRAR'S SIGNA	TURE	
	Byro	n Kicht		Chamberland	F.M.		AHC	2 101	)			

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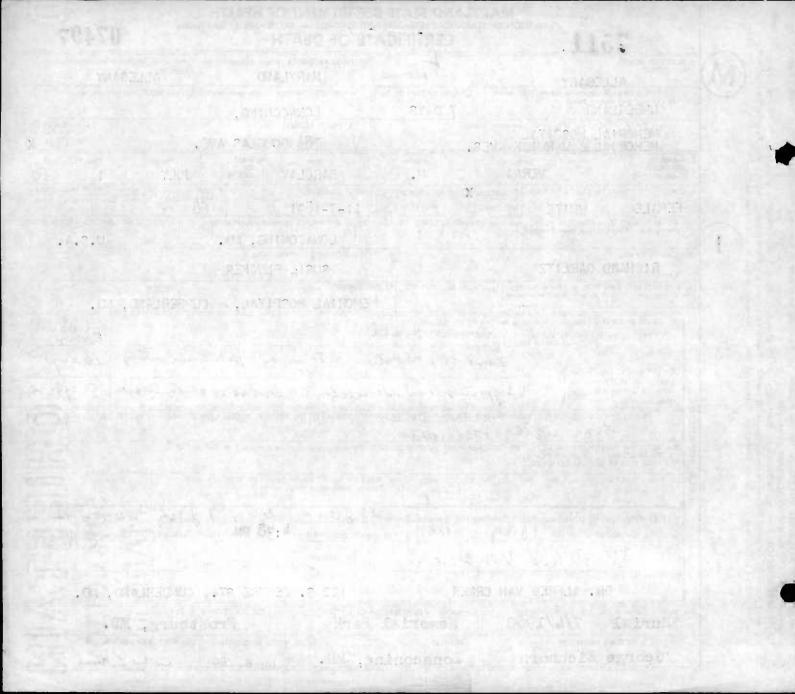
# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MAR

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WKCH WAD KECOK	D3 - BALTIMORE I, MARTLAND	A) Pro A
FICATE OF	DEATH	074

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1.	PLACE OF DEATH b. COUNTY	EGANY		MARYLA		USUAL RESIDENCE (		d lived. If instituti b. COUNTY			ssion)
	b. CITY OR TOWN (IF RURAL and give nec	outside corporate limi	ts, write	c. LENGTH OF STAY IN	V 16	c. CITY OR TOWN (	If outside corpo	rate limits, write R	URAL ond gi	ve nearest tov	vn)
	d. NAME OF HOSPITA OR IME MORNA MEMORIA	L HOSPITAL				d. STREET ADDRESS		AVE.		ON	SIDENCE A FARM?
1	NAME OF DECEASED (Type or print)	VER		Middle M.		BARC LAY	4. DATE OF DEATH	JULY		Day	Yeor 1960
5.	FEMALE	6. COLOR OR RACE WHITE	7. MARI	RIED NEVER MARRIED  ED DIVORCED		1-7-1891		9. AGE (In yeors lost birthdoy) 68 yrs.		YEAR IF UND	
1	during most of worki	N (Give kind of work ng life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (SH	IING, MD		12. CITIZ	U.S.A	
113.	RICHARD	GARLITZ				SUSIE	PLUCKER				
	s, no, or unknown) (i	f yes, give war or dates of s	ervice)	SOCIAL SECURITY NO.		MANT MORIAL HOS	PITAL,	CUMBER	LAND,	MD.	
z	Conditions, if on gove rise to in couse (o), stoting t lying couse lost.	DUE TO	En	no for (o), (b), and (c).] Longrero Bor mboli, mes vertenis and a	entoni	contay relevotes				-	r iers,
CERTIFICATION	201	S UNDERLYING DEATH CAUSE OF DEATH MEDICAL EXAMINER)	en	Orlewsis	0159					PERF	FORMED?
MEDICAL C		Medical Examiner)  Month, Doy, Ye	ar 20d. I While of wo	Not while		OF INJURY (Home, f street, office bldg.,		y or town)	(Co	ounty)	(Stote
	21. I certify that saw the decease 220. SIGNATURE		) attend	ded the deceased f	hat deat	h accurred at 4	.ta_ .38, PMm	the causes at	), 19 <u>(</u> nd an the		d abave.  22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)	R. ALFRED				22d. ADDRESS 122 S. C		T., CUMB		<b>4</b>	P man come anno como ciliar libro man su
230	REPOYN PROTEIN	7/4/19		Memori				rostbur			rote)
24.	FUNERAL DIRECTOR'S George	Eichhor:	a	ADDRESS Lonacor	ning,		EC'D BY REGIS		Istrar's SIG		

VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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**CERTIFICATE OF DEATH** 

1. PLACE OF DEATH o. COUNTY						MARYL		l lived. If institu b. COUNT	Y	nce befor	- 4	on)
b. CITY OR TOWN (IF RURAL and give net CUMBERL	orest town) AND		c. LENGTH OF ST		c CITY C		oulside corpor	ote limits, write	RURAL ond	give nea	irest lown	)
d. NAME OF HOSPITA OR INSTITUTION WARWICK	MEMORTAL S				d. STREE	RT.	∦I, VAI	LEY ROA	D			PARM?
3. NAME OF DECEASED (Type or print)	Fir BE	st LVA		ddle MAY	BAR	Last NES	4. DATE OF DEATH		onth JLY	Day	_	Yeor 19 60
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRI WIDOWE			B. DATE OF BI	3, 190	-	9. AGE (In year last birthday) 54 yr	Months	Days	Hours	R 24 HRS. Min.
10a. USUAL OCCUPATIO during most of worki Housewife	ing life, even if retired	dane 10b. i	At home		PE	NNSYLVA	ANIA	ountry)		U. S		OUNTRY?
	JOHNSON COLLINS					ZABETH		SON				
15. WAS DECEASED EVER	R IN U. S. ARMED FOR	CES? 16. 9	SOCIAL SECURITY	NO. 17. 1N	IFORMANT			Ac	idress			
No	70, 910 00 00 00 00	,	None		MEMOR I	AL HOSE	PITAL -	- CUMBER	LAND,	MD.		
Conditions, if an gove rise to in couse (a), stating t lying couse lost.  PART II. OTH	nmediate (	, 1) , Hy	parters botributing to	DEATH BUT	MOT RELATED	TO THE TERM	The IIINAL DISEASE	E CONDITION G	D GIVEN IN PA	RT 1(a) 1'	9. WAS / PERFO	RMED?
(IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJUR	RY OCCURRE	O. (Enter notur	e of injury in	Port I or Port	II of item 1B.)				
20c. TIME OF INJURY Hour o. m. p. m.	Y Month, Doy, Ye	While	JURY OCCURRED  Not while of work		ACE OF INJUR			or town)		(County)		(Stote)
21. I certify that	t (I) (this haspitaled alive an 14	) attende			leath occur	7 19 red at2:1	L Ota_	7/15 the causes of	and an th		stated	we) last abave.
22 THYSICIAN'S	GEORGE M	SIM	non	~	M.D. PHYS.	DREALGO!	RED.	STAFF PHYS.			7/1	SIGNED
NAME (Type)	4	XXNXØ	man demand					XXXXX	UMBER	LAND	, MD	
23a. BURIAL, CREMATION REMOVAL (Specify) Burial	7/18/60	OF .	23c. NAME OF C				Near	Cleary	llle	Pen		e)
Ruth E.		Cumb	address	Maryl	and		JUL 2 0		GISTRAR'S S	- 10		

may be Jined by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, TO FUNERAL DIRECTOR: After this certificate has been signed by the attended for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with and in any event, within 72 haurs after death page 3 should be detached far use as the burial-transit permit. the State Board af Health prior ta burial, crematian, ar remaval,

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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	(96)	CERTIFICA	TE OF DEATH		07499
1. PLACE OF DEATH o. COUNTY	ALLEGANY	MARYLAND	CTATE		
RURAL ond give r	neorest town)	9 HRS.			
d. NAME OF HOSPI OR INSTITUTION MINE	ITAL (If not in hospital, give street RS HOSPITAL	oddress)	d. STREET ADDRESS		ON A FARM'S
3. NAME OF DECEASED (Type or print)	DORA	Middle ELLEN	BENNETT	4. DATE OF DEATH JUL	Month Day Year 19 6
5. SEX FEMALE	T. IT I T IN TO		_	9. AGE (In your lost burtho	doy) Months Days Hours Min.
HOUSEWO	rking life, even if retired)	OWN HOME	MARYL	AND	U.S.A.
			ELIZA QU		
15. WAS DECEASED EV (Yes, no, or unknown)	ALLEGANY  MARYLAND  O. TOWN (If outside corporate limits, write and one limits, write an				
gove rise lo	ony, which immediate DUE TO	enera/iza	ed Ather	roscleros	is 15 yr.
PART II. OT	THER SIGNIFICANT CONDITIONS (	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION	PERFORMED?
	G CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in I	ort I or Port II of item 18	8.)
Hour o. m.	While	Not while fo			(County) (Stot
saw the deced					es and an the date stated abov
220. SIGNATURE	. J. Wa	etin.		D. STAFF	
Alvin J	. Walters, M.	D.			
230. BURIAL, CREMATI REMOVAL (Specify BURIAL) 24. FUNERAL DIRECTO	7-10-1960 R'S SIGNATURE	METHODIST (	CEMETERY 250. REC'	MT. SAV	AGE, MD.
f. 11.	Durst F	ROSTBURG, M	D. DATE	1 1 '60	Cultury of Heaved

arthur S. Thank

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or removal, and in any event within 72 baurs ofter death. ained by the hospital or attending physician. TO HOS moy E VR A15 (4) 15M 9/59

AL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24

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The state of the s	certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fun, director. Page 4 should	)	FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages Jand 2 with the registrar prior to burial, crease
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	cert	forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.	AL
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VS. A15ME(5) 5M 9/55

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07500

								Keg. Dit	11. 170.		
1. PLACE OF DEATH a. COUNTY Al	legany		MARYL		STATE Mary	Where decease		ution: Residen			
b. CITY OR TOWN and give nearest too Ellers		RURAL	c. LENGTH OF STAY IN	1 1b	Ellers	If outside corp	porote limits, write	RURAL ond	give ned	arest town)	
d. NAME OF HOSP	TAL OR INSTITUTION (II	not in hosp	pital, give street address)		d. STREET ADDRESS					e. IS RESIDENCE ON A FARM? YES NO	
3. NAME OF DECEASED (Type or print)	First Howard		Middle Lawrence	е	Lost Bohn	4. DATE OF DEATH	Mont July	8,	Day	Year 19 60	
5. SEX Male	177 11	7. MARRIE	D NEVER MARRIED [		e OF BIRTH	1876	9. AGE (In years lost birthday) yrs.			F UNDER 24 HR: Hours Min.	
10o. USUAL OCCUPAT during most of work Janitor	ION (Give kind of work ding life, even if retired)	one 10b. K	IND OF BUSINESS OR IN rt Hill High School	DUSTRY 1	Pennsylv		ountry)		EN OF	WHAT COUNTR	
13. FATHER'S NAME				14.	MOTHER'S MAIDEN	NAME					
Solomon 1					Catl	herine	Huffman				
15. WAS DECEASED E (Yes, no, or unknown)	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 In no, or unknown) (If yes, give wor or doles of service)				. Clara Bo		Address Ellerslie		ylan	d	
	1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  INTERVAL BETWEEN ONSET AND DEATH SUDDEN										
Conditions, if gove rise to imme (o), stoting the	ony, which (b)_		CO	RONAF	Y SCLEROS	IS			-	rq +0 +0 tib	
PART II. OT  PART II. OT  PART II. OT  PRIMARY   or CC CAUSE OF DEATH	) (c)_ HER SIGNIFICANT COND	itions <u>co</u>	NTRIBUTING TO DEATH B	BUT NOT RI	ELATED TO THE TERM	IINAL DISEASI	E CONDITION GIV	VEN IN PART		WAS AUTOPSY PERFORMED?	
	NTRIBUTING	. DESCRIBE	HOW INJURY OCCURRE	D. (Enter n	ature of injury in Pos	rt I or Port II	of item 1B.)				
20c. TIME OF INJU Hour o. m. p. m.		While	NJURY OCCURRED 200.  Not while of work	PLACE OF factory, st	INJURY (Home, formed, office bldg., etc.	n, 20f. (City	or town)	(Coun	ity)	(Stote)	
	21. I certify that I taak charge of the remains described above, held an Autapsy, Inspection, Inquiry, and find the death resulted fram: Natural causes, Accident, Suicide, Hamicide, Undetermined cause  ACTUAL										
EXAMINER'S NAME (Type)	BENEDICT SK	TARE	LIC. M.D.		ASSISTANT MEDICAL		_	8,	190	50	
Bury al	July 11		22c. NAME OF CEMETERY  O Lyberger				MON (City, town, Calo Mill		¹1,	(Stote)	
23. FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS Us	Pe		D BY REGIST		STRAR'S SIGN			

HIGGIN.	MARTINE DIPARTMENT OF HEALTH OF DEATH
	NAME OF THE OWNER OWNER OF THE OWNER
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The best can	

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND

07501

22b. DATE SIGNED C

(State)

iled with	CERTIFICATE OF DEATH
(M)	1. PLACE OF DEATH a. COUNTY Allegany  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTILEGANY  MARYLAND
e e	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town)  FROSTBURG  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  FROSTBURG
067	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Miners Hospital  d. STREET ADDRESS  e. IS RESIDENCE ON A FARMA. YES \[ \] NO \[ \]
2	3. NAME OF DECEASED (Type or print) CHARLES W. BOWDEN 4. DATE OF DEATH 7/1/1960 Day Year 19
6	S. SEX Male    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH   9. AGE (In yeors lost birthyloy)   Months   Doys   Hours   Min.
haurs	10a. USUAL OCCUPATION (Give kind of work done during mast of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  Lonaconing, Md.  12. CITIZEN OF WHAT COUNTRY?  U.S.A.
within 72 h	Frederick Bowden Annie Bell
0	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Charles Bowden Frostburg, MD.
d in ony	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  INTERVAL BETWEEN ONSEL AND DEATH ONSEL AND DEATH
wot, one	Canditians, if ony, which gove rise to immediate (b) Pritonitis  [Due TO [Due To ]  [Due
or remo	(c) Rupture Gashic ulase 8 day
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19. WAS AUTOPSY PERFORMED?  YES NO   2004 ACCIDENT MAS LINDSHIVED II. 2004 DESCRIPE HOW ALLIES OCCUPANDED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19. WAS AUTOPSY YES NO   2004 ACCIDENT MAS LINDSHIVED II. 2004 DESCRIPE HOW ALLIES OCCUPANDED TO THE TERMINAL DISEASE CONDITION IN PART I(g) 19. WAS AUTOPSY YES NO   2004 ACCIDENT MAS LINDSHIVED II. 2004 DESCRIPE HOW ALLIES OCCUPANDED TO THE TERMINAL DISEASE CONDITION IN PART I(g) 19. WAS AUTOPSY YES NO   2004 ACCIDENT MAS LINDSHIVED II. 2004 DESCRIPE HOW ALLIES OCCUPANDED TO THE TERMINAL DISEASE CONDITION IN PART I(g) 19. WAS AUTOPSY YES NO   2004 ACCIDENT MAS LINDSHIVED II. 2004 DESCRIPE HOW ALLIES OCCUPANDED TO THE TERMINAL DISEASE CONDITION IN PART I(g) 19. WAS AUTOPSY YES NO   2004 ACCIDENT MAS LINDSHIVED II. 2004 DESCRIPE HOW ALLIES OCCUPANDED TO THE TERMINAL DISEASE CONDITION IN PART I(g) 19. WAS AUTOPSY YES NO   2004 ACCIDENT MAS LINDSHIVED II. 2004 DESCRIPE HOW ALLIES OCCUPANDED TO THE TERMINAL DISEASE CONDITION IN PART I(g) 19. WAS AUTOPSY YES NO   2004 ACCIDENT MAS LINDSHIVED II. 2004 DESCRIPE HOW ALLIES OF THE TERMINAL DISEASE CONDITION IN PART I (g) 19. WAS AUTOPSY YES NO   2004 ACCIDENT MAS LINDSHIVED II. 2004 DESCRIPE HOW ALLIES OF THE TERMINAL DISEASE CONDITION IN PART I (g) 19. WAS AUTOPSY YES NO   2004 ACCIDENT MAS LINDSHIVED II. 2004 DESCRIPE HOW ALLIES OF THE TERMINAL DISEASE CONDITION IN PART I (g) 19. WAS AUTOPSY YES NO   2004 ACCIDENT MAS LINDSHIVED II. 2004 DESCRIPE HOW ALLIES OF THE TERMINAL DISEASE CONDITION IN PART I (g) 19. WAS AUTOPSY YES NO   2004 ACCIDENT MAS LINDSHIVED II. 2004 DESCRIPE DISEASE CONDITION IN PART I (g) 19. WAS AUTOPSY YES NO   2004 ACCIDENT MAS LINDSHIVED II. 2004 DESCRIPE DISEASE CONDITION IN PART I (g) 19. WAS AUTOPSY YES NO   2004 ACCIDENT MAS LINDSHIVED III. 2004 DESCRIPE DISEASE CONDITION III. 2004 DESCRIPE DISEASE CONDITION III. 2004 DESCRIPE DISEASE CONDITION III. 2004 DESCR
t, cr	OR CONTRIBUTING   CAUSE OF DEATH   (IF EITHER, NOTIFY MEDICAL EXAMINER)
ta bur	20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED Hour a.m.  p. m.  19  20c. TIME OF INJURY (Home, form, 20f. (City ar tawn) (County) (Stote) factory, street, office bldg., etc.)
ched for	21 I certify that (I) (this hospital) attended the deceased from $\frac{5}{2}$ , $\frac{19}{60}$ to $\frac{7}{1}$ , $\frac{19}{60}$ that (I) (we) lost sow the deceased alive on $\frac{7}{1}$ . $\frac{19}{60}$ and that death occurred of $\frac{11}{12}$ from the couses and on the date stated above.
of Heal	220. SIGNATURE John B. Davis M.D. ATTENDING MED. STAFF 22b. DATE 21b. SIGNED PHYS. DIRECTOR PHYS. D

moy Spained by poge 3 shauld be d VR A1S (4) 15M 9/59

AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Tempors after death. Page 4

24. FUNERAL DIRECTOR'S SIGNATURE George Eichhorn

23a. BURIAL, CREMATION, 23b. DATE THEREOF

7/4/1960

22c. PHYSICIAN'S NAME (Type)

BMOVA (Sprcify)

**ADDRESS** Lonaconing,

23c. NAME OF CEMETERY OR CREMATORY Memorial Park

25g. REC'D BY REGISTRAR DATE JUL 6

25b. REGISTRAR'S SIGNATURE Cirilar S. Krous

Frostburg, MD.

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ARYLAND	STATE	<b>DEPARTMENT</b>	OF	HEALTH-	-BALTIMORE,	18

7513 **CERTIFICATE OF DEATH**  07502 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY			MARYLAN	o. STA	TE .	here deceased	l lived. If institut b. COUNTY			ion)
b. CITY OR TOWN (If RURAL ond give ne	outside corporate limi arest town)	ts, write c. Li	ENGTH OF STAY IN	War	OR TOWN (IF	outside corpor	rate limits, write f	Allegan RURAL ond give		1)
Cumberlar			STHEAD	Cur	berland	1	766 01 18			
d. NAME OF HOSPITA OR INSTITUTION 2031 Bed1	AL (If not in hospital, g	give street addre	35)	1/	EET ADDRESS	TD-3				FARM?
3. NAME OF	Fir		Middle	11 20	Bl Bedfo	4. DATE				AA
DECEASED (Type or print)		Cooper		y	Lost	OF DEATH	July	24		Year 19 60
5. SEX Female	6. COLOR OR RACE	7. MARRIED K				1894	9. AGE (In years lost birthday) 66 yrs.	Months Day		Min.
100. USUAL OCCUPATIO	Negro		,	7 00000				12 CITIZEN	N OF WHAT	COUNTRY
School Teac	ing life, even if retired	)	lucation	Cur	berland	in Mary		u.s		COUNTRY
13. FATHER'S NAME				14. MOT	HER'S MAIDEN	NAME				
William Coo	per			Iren	e Dense	on				
S. WAS DECEASED EVER	IN U. S. ARMED FOR		AL SECURITY NO.	17. INFORMANT			Add	Iress		
(Yes, no, or unknown) NO	If yes, give wor or dates of s		38-5551	Earle L	Brace	2031	Bedford	Rd. Cu	mb. Mo	1.
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PART II. OTH	S LINDERLYING (T	20h DESCRIBE	HOW INJURY OCCU	IRRED (Enter no	ture of injury in	Port Lor Port	II of item 18.)			NO [
O (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)		THE WASHINGTON	onnes. (amor no						
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Ye	While	Y OCCURRED 204 Not while of work	e. PLACE OF INJ foctory, street,	URY (Home, for office bldg., et	m, 20f. (City	or town)	(Coun	ity)	(Stote)
21. I certify the alive an	at I attended the	deceased for			5 %, to		the causes of reet, city or town,		date state	
PHYSICIAN'S NAME (Type)					Lune	hulo	nd	Ald		
220. BURIAL, CREMATION REMOVAL (Specify) Burial	26 July		NAME OF CEMETER	RY OR CREMATO	PRY		ION (City, town,	or county)	(Stote	e)
23. FUNERAL DIRECTOR'S	SSIGNATURE	ederick	ADDRESS		24a. REC	D. BY REGIST		STRAR'S SICINA		

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OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24

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	7514		CERTIFIC	ATE OF DEATH			075	03
1. PLACE OF DEATH o. COUNTY	LLEGANY	4 1	MARYLAN	2. USUAL RESIDENCE (WO. STATE MARYLA		lived. If institutio b. COUNTY	n: Residence befo	
RURAL ond give n	UMBERLAND		5 HRS.	MT. S		ote limits, write RL	JRAL and give ne	
OR INSTITUTION MEMORIA	MEMORINALINIO L& WARWICK	AVES.,		d. STREET ADDRESS	rage			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First JAC	ОВ	Middle P	BRIDGES	DATE OF DEATH	Mont		
MA LE	6. COLOR OR RACE 7	MARRIED .	NEVER MARRIED [		875	9. AGE (In years lost birthdoy) 5 yrs.	Months Days	Hours Min.
Oa. USUAL OCCUPATION Properties of wor	ON (Give kind of work do king: life, even if retired) pay Mene	m.	F BUSINESS OR IN	DUSTRY 11. 8IRTHPLACE (Stote PENNA .	or fareign co	untry)	12. CITIZEN O	A .
3. FATHER'S NAME	Y BRIDGES			14. MOTHER'S MAIDEN	NAME	OSTER		
S. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FORCE (If yes, give war or dates of serv	S? 16. SOCIAL	SECURITY NO. 17	MEMORIAL HOS	PITAL,	Addr. CUMBERLAN		
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20c. TIME OF INJUI Hour o. m. p. m.	Y Month, Doy, Year	20d. INJURY C	of while	PLACE OF INJURY (Home, farr factory, street, office bldg., etc	20f (City	or town)	of County	lles Ils
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22c. PHYSICIAN'S	Malle	aire	40	22   4000000	ED.	STAFF PHYS.	CI IMP	7 PLAND W
NAME Type)  230, BURIAL CREMATIC		WILLIA	MS NAME OF CEMETER	122	SOUTH	CENTRE S	ST., CUMB	(Stote)
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GREENCASTLE CEMETER

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FROSTBURG, MD.

e. IS RESIDENCE

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IF UNDER 24 HRS.

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Reg. Dist. No.

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NAME					186	
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VS. A15ME(5) 5M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

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	CERTIFICATE OF DEATH		CALLEX		7	
	BECOME THE DESIGNATION OF THE PARTY.					
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	in by the funeral director,	and 2 should be filed with	100
	e ottending physician and completely filled	en please remaye carban papers. Pages 1	d in ony event, within 72 hours after death.
d by the haspital or attending physician.	RECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral directar,	be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 shou <u>ld be</u> filed with	I of Health priar to burial, cremation, ar remaral, and in ony event within 72 hours after death.

CAST OF ALLENDING PRISICIAN: The Idw requir		TO FUNERAL DIRECTOR: After this certificate has been sign	page 3 should be detached far use as the burial-transit pe	
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		LACE OF DEATH	GANY		MAR	YLAND	2. USUAL RESIDENCE a. STATE MARYLA		d lived. If institution b. COUNTY	an: Residence be	fore odmi	ssion)
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0		OR INSTITUTION  MEMORIA	MEMORIAL L & WARWI	HÖSPIT CK AVE	AL,		d. STREET ADDRESS	RYLAND	AVE		ON	A FARM?
	1	NAME OF DECEASED Type or print)		irst CHARLE	Middl T.	e	BURLEY	4. DATE OF DEATH	JUL.		Doy 7	Year 1960
	S. S	MALE.	6. COLOR OR RACE	7. MARR	IED NEVER MARK		DATE OF BIRTH	360	9. AGE (In years lost birthdoy)  O   yrs.	Months Doy	-	-
	10a.		***************************************	dane 10b.	44		RY 11. BIRTHPLACE (SI PENN 14. MOTHER'S MAIDE	IA	71	12. CITIZEN	OF WHAT	COUNTRY
1			NELSON BU	RLEY			CATHER	INE KER	CHNER			
)	1S. (Yes	WAS DECEASED EVER	IN U. S. ARMED FC f yes, give war or dates of		SOCIAL SECURITY N		MEMORIAL HO		Add	ross LAND, MI	),	
		PART I. DEAT	TH [Enter only one of the WAS CAUSED BY IMMEDIATE CAUSE		coronary		lusion			0	7	D DEATH
		Conditions, if on gave rise to in cause (o), stoting t lying cause lost.	mediale (	(b) Art	erioscle	roti	c cardiov	ascula	r disea	se	5 ye	ars
	CATION	PART II. OTH	ER SIGNIFICANT CO	NDITIONS C	ONTRIBUTING TO D	EATH BUT N	NOT RELATED TO THE TE	ERMINAL DISEAS	E CONDITION GIV	/EN IN PART 1(a	19. WAS PERF YES [	ORMED?
	CERTIFI	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER	20b. DESC	CRIBE HOW INJURY	OCCURRED.	. (Enter nature of injury	in Parl I or Por	rl II of item 1B.)			
	MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Y	ear 20d. IN While of work	Not while at work		CE OF INJURY (Home, ary, street, affice bldg.,		y or tawn)	(Caun	у)	(State
1		21. I certify that	27.31	al) attend			9 - 16.	19 49 ta	7 - 7	, 19 60	, ,	
1		220. SIGNATURE	lo. Bacca				ATTENDING PHYS.	MED. DIRECTOR	STAFF		2	22b. DATE O SIGNEI
		22c. PHYSICIAN'S NAME (Type)	alph W.	Ball:	in, M.D.		62 Gree	ne St,	Cumber	land,	Md.	
	\$	BURIAL, CREMATION REMOVAL (Specify)	7/10/4	S O	23c. NAME OF CE	METERY OF	Burnel!	23d. LOCA	TION (City, town,	ar county)	201	ole
R	24.	FUNERAL DIRECTOR'S	SIGNATURE	Inc	ADDRESS	ul.	16	JUL 11 '6	0	CLun S. Ku		,

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# FOR STATE HEALTH DEPT

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any deficiency please execute e certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the, and director. Page 4 show be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be relevanted for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, are its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death.

VS. A15ME

5M 2/57

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7579

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07506 Reg. Disl. No

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1.	o. COUNTY	llegany	,	MAR	YLAND	o. STATE	Where decease	sed lived. If inst	-	idence by	fore odm	ission)
)[	b. CITY OR TOWN	(II outside corporate trails for	PO RURAL	c. LENGTH OF STAY		c. CITY OR TOWN (I		porate limits, wri	ie RURAL	and give	n rest to	7
		TTAL OR INSTITUTION		pitat, give street addre	ess)	d. STREET ADDRESS			1		ON	ESIDENCE A FARM?
-	The same of the sa	¥#####################################	<b>为非抗</b> 抗抗			120 Pel	lk Str	JOE			YES L	NO [
3	NAME OF DECEASED (Type or print)	William T.		Middle		Lost	4. DATE OF DEATH	Mo Jul		Doy		Year 19 <b>60</b>
5	. SEX			ED NEVER MARRIE	ED #10 D	ATE OF BIRTH	1	9. AGE (In years				ER 24 HRS
	Male	White	WIDOWE			Feb. 29.	I932	lost birthday)	Months	1	Hours	Min.
11	Oo. USUAL OCCUPAT	ION (Give kind of work	done 10b. K	IND OF BUSINESS OF	RINDUSTRY					ITIZEN C	F WHAT	COUNTRY
L	Clerk.	king life, even if retired)	Aut	comobile Se	rvice	. Ocean Mc	i.			U.	S.A.	
1	3. FATHER'S NAME				1.	4. MOTHER'S MAIDEN	NAME					
	John J	. Byrne Sr.				Martha Bus	sh.					
	5. WAS DECEASED E	VER IN U. S. ARMED FO		SOCIAL SECURITY NO	). 17. INFO	DRMANT		Addre	186			
	Yes	WW II		20-28 7605	Mr	s Martha By	yrne Cı	umberlan	d. Md			
	18. CAUSE OF DE	ATH [Enter only one co	use per line	far (a), (b), and (c). }						INTE	RVAL BETW	Etri
П	PART I. DE	ATH WAS CAUSED BY:	Cr	ushed S	skull.						ET AND DE	
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	Conditions, if	2 July										
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		THER SIGNISICANIT CON	*	AND OF SHITHIBITING	THE BUT NO							
18	PARI II. U	THER SIGNIFICANT CON	DITIONS CC	MIKIBUTING TO DEA	IN BUI NOI	RELATED TO THE TERM	IINAL DISEAS	E CONDITION O	SIVEN IN PA	ART 1(o) 1	PERFC	AUTOPSY PRMED?
2	5								_		YES 🗌	NO 🗷
CEPTIESCATION		AUSE WAS ONTRIBUTING []		mobile A		r noture of injury in Por ent	rt I or Port II	of item 18.)				
ICA3	20c. TIME OF INJ	URY Month, Day, Ye			20e. PLACE	OF INJURY (Home, form	n, 20f. (City	or town)	(C	ounty)		(State)
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L	SIGNATURE	) eneaux	1 X	Kuare	W N							
	EXAMINER'S NAME (Type)	Benedict	Skit	erelic		DEPUTY MEDICAL						
2	20. BURIAL CREMAT	ION. 22b. DATE THERE	OF	22c. NAME OF CEME	TERY OR CR	EMATORY	22d. LOCAT	TION (City, town	, or county	)	(Stote	a)
	REMOVAL (Specific Burial	7/20/	50	SS Deta-	& Da	11 Com	4					
2:	3. FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS	oc ra	ul Cem 740. REC	D BY REGIST	RAR 24b. REC	SISTRAR'S S	IGNATU	RE	
1	Louis	Stein Inc.	Cumbi			DATE			anthun	0 K	A	
-			A CHILLY	AT TOWNS WAY	-	97110	100	00	1115 hard	A. 111		

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### FOR STATE HEALTH DEPT.

is necessary, please ral director. Page med for your files. ate Board of Health, TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is executed executed certificate, writing the word "pending" in pendit in Item, 18. Give Pages 1, 2, and 3 to the A shave be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be relatined TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State ar its designated agent, priar to burial, crematian, ar remaval, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7580 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 7507

o. COUNTY Allegany	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  MARYLAND  5. COUNTY Allegany
b. CITY OR TOWN (If outside corporate limits, write EURAL and give negres) town)  Midland	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street	address)  d. STREET ADDRESS  e. 15 RESIDENCE ON A FARM? YES \( \text{NO} \) NO \( \text{T} \)
3. NAME OF First Mid DECEASED (Type or print) MTCHART.	BYRNES  4. DATE Month Doy Year OF DEATH 7/16/1960  19
5. SEX  6. COLOR OR RACE  7. MARRIED NEVER M  White WIDOWED DIVO	ARRIED 8. Date OF BIRTH  9. AGE (In years lost birthday)  PROCED 17. 17. 1955  9. AGE (In years lost birthday)  Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  None  13. FATHER'S NAME	
Paul Byrne  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown)  If yes, give war or dates of service)  None	Dorothy Keating Address  Mrs. Paul Byrne, Lonaconing, MD.
gove rise to immediate couse (a), stating the underlying DUE TO cause lost. (c)	ial hemarrhage  fracture  Sudden  DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
CAUSE OF DEATH.  Automobil	OCCUPRED. (Enter noture of injury in Port I or Port II of item 18.)  e Accident  ED 20e. PLACE OF INJURY (Home, form, foctory, street, office bidg., etc.)  Highway MD
21. I certify that I tack charge of the remains description apinian death resulted fram: Natural causes [],  ACTUAL SIGNATURE Benedict Skitarelie  EXAMINER'S Benedict Skitarelie	Accident , Suicide , Hamicide , Undetermined manner   M.D. CHIEF MEDICAL EXAMINER   7/14/196 DAJE SIGNED  ASSISTANT MEDICAL EXAMINER   DEPUTY MEDICAL EXAMINER
REMOVALES POPITY) 77/70/7000 -	22d. LOCATION (City, town, or county)  ATYR Cemetery  Lonaconing, MD.  240. REC'D BY REGISTRAR  24b. REGISTRAR'S SIGNATURE  DATE JUL 2 0 160

MARKAND STATE DEFATISHED DE HOALTH-BRIEDHOIE, 18 VISAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH AT THE e de la companya della companya de la companya della companya dell The state of the s designation Inchese and tosania basinia yawani es a casivaiva

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O FUNDAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funt page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should the registrar prior to burial, cremation, ar remaval, and in any expression 72 hours after death. ALOR ATTENDING PHYSICIAN: The law requires that the death certificate be ained by the haspital ar attending physician.

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VS A1S (4) 1SM 10/S7

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07508 Reg. Dist. No.

7581 CERTIFICA			ATE OF DEATH				Reg. Di	07508 Reg. Dist. No.			
1. PLACE OF DEATH o. COUNTY	Allegany		MAR	YLAND	2. USUAL RESID	ence (Who		lived. If institu b. COUNT	TY a n	legan	
B. CITY OR TOWN	(If outside corporate lim negrest town) Cumberlan	its, write	c. LENGTH OF STAT	Y IN 16		_		ote limits, write	RURAL ond	give nearest to	own)
OR INSTITUTION	rest Driv		oddress)		d. STREET ACH		Driv	e	1	10	RESIDENCE I A FARM?
3. NAME OF DECEASED (Type or print)	J <b>O</b> HN		JOSEF		tost CAR	NEY	4. DATE OF DEATH	_	onth Lly	Doy 5,	Yeor 19 60
5. SEX Male	6. COLOR OR RACE White	7. MARRI	37		8. DATE OF BIRTH  Jan. 2			AGE (In year lest birthdoy)	Months	Days Hou	
Barber  13. FATHER'S NAME	ION (Give kind of work rking life, even if retired	) В	arbering		Mt.	Sav:	age,	Md.		U. S.	
	Toseph Car	CES? 16. 5	OCIAL SECURITY NO		Mar NFORMANT S. Leo			ogsdon . # 1	ddress	eley,	W. Va
Conditions, if gove rise to couse (o), stoting lying couse lost	the under-	)	myses. Viterio	Scho	estes	Hea		Diris		ONSET AF	BETWEEN ND DEATH
20g. ACCIDENT WOR CONTRIBUTION	THER SIGNIFICANT CON  LEVELLE  (AS UNDERLYING   G  CAUSE OF DEATH  Y MEDICAL EXAMINER)	Au	DITRIBUTING TO DE	1 &	mysley	alm	cal		EIVEN IN PAR	PER	S AUTOPSY FORMED?
20c. TIME OF INJU Hour o. m.	RY Month, Doy, Ye	20d. IN While of work	JURY OCCURRED Not while of work	20e. PLA	ACE OF INJURY (H	ome, form, bldg., etc.)	20f. (City o	or town)	(0	County)	(Stote)
21. I certify to alive an actual signature Physician's NAME (Type)	Michael	196 kad G11	d fram Oct  o and that  ck, M.D.	death	occurred and	126	PM, from DORESS (Street N . Sm		and an the store of St	he date sto	
220. BURIAL, CREMATION REMOVAL (Specify BUT 1 a I	7/8/60				& Paul	s	Cum	on (City, town,	nd. Ma	rylar	lote)
23. FUNERAL DIRECTOR		Cumb	erland,	Md/		240. REC'D	BY REGISTRA	AR 24b. REC	Inthun &	GNATURE	

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	NAME OF THE PARTY		
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# FOR STATE HEALTH DEPT.

TO DEPLITY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If ony delax is necessary, please executed to certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the first old director. Page 4 shows be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages I rand 2 with the Stole Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event tithin 72 hours after death.

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VS. A15ME 5M 2/57

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7516

MEDICAL EXAMINER'S CERTIFICATE OF DEATH	Reg. 07509
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										-
1. PLACE OF DEATH				2. USUAL R	ESIDENCE (V	Vhere deceas	ed lived. If instit		ce before ad	mission)
Allegany			MARYLAI	ND 0. STATE	Maryla	and	b. COON	Allega	any	
b. CITY OR TOWN (If	f autside carparate fimits, write	RURAL	LENGTH OF STAY IN	1b c. CITY (	OR TOWN (IF	autside corp	porote limits, write	RURAL and	give nearest	town)
Cumberla	4 _		Life	02	Cumber	cland				
	AL OR INSTITUTION (H	not in hospite	ol, give street oddress)	d. STREE	ADDRESS					RESIDENCE
Kelly Sn	ringfield Ti	me Co		200 0	and Av					N A FARM?
3. NAME OF	First	100	Middle		osi A	4. DATE	14	ı.		4535
(Type or print)	ROBERT	J.	Middle	CARROLL	osi	OF DEATH	JULY	27	Doy	19 <b>60</b>
5. SEX			NEVER MARRIED	8. DATE OF BIR	TH		9. AGE (In years	IF UNDER T	YEAR IF UN	IDER 24 HRS.
Male	White	WIDOWED T	DIVORCED [	April 2	2. 190	19	fost birthday) 51 yrs.	Months D	ays Hours	Min.
100. USUAL OCCUPATION	ON (Give kind of work de	one 10b. KIN	D OF BUSINESS OR INC				100	12. CITIZI	EN OF WHA	T COUNTRY
	ng life, even if retired)	1/- 77-	m. m	0		20	2 2	TT (1		
lectrician		verri	Tire Co.		rland		Tand	U.S.	,A.	
13. FATHER'S NAME					'S MAIDEN N					
Albert W. (	Carroll			Lulu	M. Pyl	Les				
15. WAS DECEASED EV	'ER IN U. S. ARMED FOR-		CIAL SECURITY NO. 1	7. INFORMANT			Address			
Yes	1928-1934	21/	-05-5338	Constance	L. Cs	rroll	Washing	ton. D.	.C.	
	TH [Enter only one caus	e per line for				AA & Walled	II CONTRACTOR	0029	INTERVAL BET	WEEN
	TH WAS CAUSED BY:			TADW C	ACT IIC	CONT			ONSET AND D	
141	IMMEDIATE CAUSE (o)		COROL	VARI (	CCLUS	LON			SUDD	LN
4 000	DUE TO									
Conditions, if a			C	DRONARY	SCLE	eros is				-
(a), stoling the										
couse last.	(c)_									
PART II. OTI	HER SIGNIFICANT COND	ITIONS CONT	RIBUTING TO DEATH B	UT NOT RELATED T	O THE TERMI	INAL DISEAS	E CONDITION GI	VEN IN PART		S AUTOPSY FORMED?
\$									YES	
PART II. OTI	NTRIBUTING [	DESCRIBE H	OW INJURY OCCURRE	D. (Enter nature of	injury in Port	t I or Port II	of item 18.)			
		1								
20c. TIME OF INJU Hour a.m.	RY Month, Day, Year	While		PLACE OF INJURY factory, street, offi			or town)	(Coun	(y)	(Stole)
21. I certify t	hat I taak charge	of the rer	nains described o	bove, held a	n Autops	v 🗖 1	spection X	Inquiry	<b>127</b> 0	ind in my
	resulted fram: N					- County	-		awn.	1
opinian aeam	resulted fram: 19	aiurai cat	ises Accide	11 [_], SUICE	de [], 1	namiciae	L, Under	ermined m	anner	
ACTUAL /	?	0	, , , ,						DATE	SIGNED
SIGNATURE	lenedect	3K	larelic	M.D.	MEDICAL EX					
EXAMINER'S				ASSIST	TANT MEDICA	AL EXAMINE	R 🔲			
	BENEDICT S	KITARE	ELIC. M.D.	DEPUT	Y MEDICAL I	EXAMINER [	I JULY	27	. 19	960
20. BURIAL, CREMATIC	ON, 226. DATE THEREOF		. NAME OF CEMETERY	OR CREMATORY		22d LOCA	TION (City, town.		-	ote)
Burial Specify	July 31.	1960 S	unset Memor	ial Park		Cumber	cland, Ma	rvland		
23. FUNERAL DIRECTOR			ADDRESS			D BY REGIST		STRAR'S SIGN		
Janes Stee	a Inc. 117	Freder	ick St. Cur	h Ma.	0.000	4 100				
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pleose exe	should by		FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages I and 2 with the registrar prior to burial, cremation	-
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VS. A15ME(5) 5M 9/55

	ARYLAND STATE DEPARTM		
7517	MEDICAL EXAMINER'S	S CERTIFICATE OF DEA	TH (17511)  Reg. Dist. No.
ГН		2. USUAL RESIDENCE (Where deceased lived.	If institution; Residence before admission

a. COUNTY			o. STATE	b. COUNTY	dence before admission)
	Allegany	MARYLAND	Maryland		legany
b. CITY OR TOWN and give necrest to	(If outside corporate limits, write RURAL	c. LENGTH OF STAY IN 1b	V	corporate limits, write RURAL a	and give nearest town)
Cumberl		9 hours	Cumberlar	d. Rural nr, C	resaptown
d. NAME OF HOSE	PITAL OR INSTITUTION (If not in h	ospitol, give street address)	d. STREET ADDRESS		e. 15 RESIDENCE ON A FARM?
Samed	Heart Hospita		RD 5 F	30x #228	YES NO
3. NAME OF	arman First	Middle	Lasi 4. DAT		Day Year
-DECEASED (Type or print)	-YYYY -		OF DEA	TH	
5. SEX	Than Scott	RIED NEVER MARRIED 8.		July 26	1960 ER LYEAR IF UNDER 24 HRS.
J. JEK			DATE OF BIRTH	lost birthday) Months	Days Hours Min.
Male	White WIDOW		ılv 12. 1887	73 yrs.	
10a. USUAL OCCUPA	TION (Give kind of work done 10b.	. KIND OF BUSINESS OR INDUSTR	Y M. BIRTHPLACE (Stote or forei	gn country) 12. C	TIZEN OF WHAT COUNTRY?
	O wi	n Farm	0 4 3 34	1 0	****
Retired R	armor		14. MOTHER'S MAIDEN NAME	al Co., W.Va.	USA
			in morney s majorit mame		
Aaron Cl	ilcott EVER IN U. S. ARMED FORCES? 16		Mary Bane		
(Yes, no, or unknown)	If yes, give wor or dates of service)		FORMANT	Address	
200		Jai	nes P. McCusker	r, Cresaptown,	Maryland
18. CAUSE OF DE	EATH Enter only one cause per lin	e for (o), (b), ond (c), }			INTERVAL BETWEEN
	ATH WAS CAUSED BY:				ONSET AND DEATH
1-1-1-1	IMMEDIATE CAUSE (o)	Cerebral	Hemorrhage		5 hours
1773	DUE TO		MI TO THE PARTY OF		
Conditions, if	ony, which) (b)	Umantan	sive Cardio-Vas	oulon Dinasas	A CALLY COMMON
gove rise to imn	nediote cause	myper tem	TVE Carultu-vas	CULAT DISEASE	
(o), stoting the	underlying				
	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO SEATURET AND	T SELECTED TO THE TENNING OF	TAGE COMPUTIONS ON CONTRACTOR	
PAKI II. U	THER SIGNIFICANT CONDITIONS	LONIKIBUTING TO DEATH BUT NO	DI RELATED TO THE TERMINALDIS	EASE CONDITION GIVEN IN PA	PERFORMED?
3					YES NO
PART II. C	AUSE WAS 20b. DESCRI	IBE HOW INJURY OCCURRED. (En	ter noture of injury in Port I or Po	rt II of item 18.)	
PRIMARY OF C	1.				
3 20c. TIME OF INJ	IURY Month, Day, Year 20d	I INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, form, 120f.	(City or town) (C	ounty) (State)
20c. TIME OF INI	n. Wh	f4-	y, street, office bldg., etc.)	(City of Iowil)	(Siore)
p, n	n. 19 of v	work ot work			
21. 1 certify	that I taak charge of the	remains described above	e, held an Autapsy ,	Inspection , Inqu	iry . and find that
death results	ed fram: Natural causes	Accident   Suic	ide   Hamiside	Undetermined cause [	
acam resone	d italii Italii Caoros	The solid	ide [], Haillicide [],	Olidereritimed coose [	7.
ACTUAL	Q , +	V1'- 11			DATE SIGNED
SIGNATURE V	Jenedict x	Sketarelie	M.D. CHIEF MEDICAL EXAMINER		
			ASSISTANT MEDICAL EXAM	IINER 🗌	
NAME (Type)	Benedict Skitar	elic. MD.	DEPUTY MEDICAL EXAMINE	July 26	. 1960
	ION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR C			1
REMOVAL (Specif	ly)			CATION (City, town, or county)	(Stote)
Burial	July 28, 19		Burial Park Cu	umberland, Mar	
23. FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS	24g. REC'D BY REC	GISTRAR 246. REGISTRAR'S S	CNATURE
					NOTATIONE.
John J.	Hafer. Cumberla	and. Maryland	DATEIN 29		

111111	CUMPLE ATE OF DEATH		M NIEV II 24
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	John Der Leider (	1100 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	managed and groups and
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and from .	handred of breat falls		
		Santrant . Sa di god	John J. Marer No.

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urs after death. Page

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND

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V		V	-	

7	518	CERTIFICA	TE OF DEATH						
1. PLACE OF DEATH a. COUNTY Allegany MARYLAND			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Allegany						
b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 1b			c. CITY OR TOWN (If o	utside corpo	prate limits, write R	URAL and	give nec	rest town	1)
RURAL and give nearest town) Cumberland 87 years			Cumberland						
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION 437 Henderson Avenue			d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES \( \sum \) NO \( \textbf{X} \)						FARM?
3. NAME OF DECEASED (Type or print)	First Lucy	Margaret	Creegan	4. DATE OF DEATH	July	th	17	/	Year 19 60
S. SEX	6. COLOR OR RACE	MARRIED NEVER MARRIED	B. DATE OF BIRTH	GP. III	9. AGE (In years	IF UNDER			
Female	White	WIDOWED DIVORCED	Sept 29,1872		87 yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPAT during mast of wa Housekee	rking life, even if retired)	ane 10b. KIND OF BUSINESS OR INDU			auntry)		S.		OUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	NAME					

James Simp	Jo	hanna Hens	веу		
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no. or unknown) (If yes, give war or dates of service)	? 16. SOCIAL SECURITY NO.	17. INFORMANT		437 Henders	Maryland
1B. CAUSE OF DEATH [Enter only one cause PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause lost. (c)  PART II. OTHER SIGNIFICANT CONDIT	Gulthal			arditis uscluss L DISEASE CONDITION GIVEN IN	INTERVAL BETWEEN ONSET, AND DEATH ONSET,

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II at 1tem IB.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (State) Day, Year (County) factory, street, affice bldg., etc.) Hour a.m While Nat while at wark at wark p. m

19. 6 Othat (1) (we) last 21. I certify that (I) (this hospital) attended deceased fran Dand that death assurred at fram the causes and an the date stated above. saw the deceased alive an SIGNATURE

MED. DIRECTOR ATTENDING PHYS. PHYSICIAN'S NAME (Type) 22d. ADDRESS

234 JURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)

23d. LOCATION (City, town, or county) (State Cumberland Maryland Hillcrest Burial Park

24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25b. REGISTRAR'S SIGNATURE 25g. REC'D BY REGISTRAR arthur S. Kraus Ruth E. Silcox Cumberland Maryland

and campletely filled Pages 1 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 n 72 haurs after death carban papers. the attending physician Then please remaye and in any TO FUNERAL DIRECTOR: After this certificate has been signed by burial, crematian, ar remaval, page 3 shauld be detached far use as the burial-transit permit. the State Board of Health priar to burial, cremation, ar remaval, by the haspital ar attending physician. TO HO may

VR A1S (4) 1SM 9/S9

Burial

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled to page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 at the State Board of Health priar to burial, cremation, ar removel, and in any event, within 70, hours after death.

230. BURIAL, CREMATION, PEMOVAL (Specify)

7-18-60

L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

TO HOS

VR A15 (4) 15M 9/59

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

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23d. LOCATION (City, town, or county)

25b. REGISTRAR'S SIGNATURE

arihun S. Kraus

PARK

2So. REC'D BY REGISTRAR

DATE 111 1 9 '60

(Stote)

MD.

	019		CEKHILIC	JAIL	OF DEATH			U	OT	6	
1. PLACE OF DEATH o. COUNTY	LIFOANY		MARYLAI		JSUAL RESIDENCE (W		d lived. If institution				ion)
ALLEGANY			MAKTLAI	MARYLAI	ED		ALL	EGA N	Y		
b. CITY OR TOWN	(If outside corporate limi	its, write	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (If	outside corpo	rote limits, write R	URAL ond	give nea	rest town	n)
RURAL ond give r	UMBERLAND		59 DAYS	M	FROST	BURG			3.		
d. NAME OF HOSPI	THEMOR LALL' H	KEBT	address)		d. STREET ADDRESS					e. 15 RES	IDENCE
	AL & WARWIC		ES.		R.F.D.#1					YES NO	
3. NAME OF	Fit	rst	Middle		Last	4. DATE	Mon	th	Da	у	Yeor
(Type or print)		MARY	A		CROSTON	OF DEATH	JL	JLY		16	19 60
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	B. DA	ATE OF BIRTH		9. AGE (In years			IF UND	ER 24 HRS
FEMALE	WHITE	WIDOW	ED DIVORCED	J AI	UGUST 19.19	903	lost birthdoy) 56 yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPATI	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR I	NDUSTRY	11. BIRTHPLACE (Stote	or foreign c	ountry)	12.CIT	IZENOF	WHAT	COUNTRY
HOUSE V	WORK		OWN HOME	7.54	HOFFMA	N, MAR	YLAND		U.S.	A .	
13. FATHER'S NAME	51111115			14	. MOTHER'S MAIDEN	NAME					
PHILLIP BRODE				G 10	ELIZAL	LEEMAN	N				
15. WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFOR	MANT		Add	ress			
	in yes, give indicated and	,		Tuesday.	MEMOR	IAL HO	SPITAL, CL	MBER	LAND	, MD	
IB. CAUSE OF DE	ATH [Enter only one co	ouse per li	ne for (o), (b), and (c).]	1	r					ERVAL BE	
PART I. DE.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	) (	Liner	Ja	ilsek				0143	12	DEATH
986	DUE TO	1	1							buil	Tim
Conditions, if	ony, which	1)	Malus	its	ition					les	forz
gove rise to couse (o), stoting	immediate (	-		200		. 1	201	,, /	-	MI a.	211
lying couse lost.		1-14	destinax	deh	aduat 70	Dhefol	whipp	les	1	nai	160
PART II. OT	HER SIGNIFICANT CON	IDITIONS	CONTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TERM	AIN (VDISTAS	E CONDITION CIN	EN IN PA	T/(6) 1		AUTOPSY
PART II. OT					-			/		YES T	ORMED?
I 200 ACCIDENT W	AS UNDERLYING	20b. DES	CRIBE HOW INJURY OCCI	URRED. (Er	nter noture of injury in	Port I or Por	t II of item 1B.)				
OR CONTRIBUTING	G   CAUSE OF DEATH  MEDICAL EXAMINER)	7									
No 20c. TIME OF INJU		or 20d. I	NJURY OCCURRED 20		OF INJURY (Home, for		y or town)		County)		(Stote
Hour o.m.	10	While of wor		foctory,	street, office bldg., et	(c.)					
			had had	1/1	1 /19	10.	7-16	2000	60 11	. 10.	
		diffend	the deceased from	, ,	lay 10.	2.60.ta_					(we) las
220. SIGNATURE	sed alive on	-	3-19 (and th	at deatl	occurred of:3!	NA Mrom	the causes an	id an th	e date		b. DATE
	M.X.	91	Villiam	JM.D.	PHYS.	AED. DIRECTOR	STAFF PHYS.			*	SIGNE
22c. PHYSICIAN'S NAME (Type)	11 5 1111	1 4 1 40			22d. ADDRESS	CII CEAR	TOE OT O	LIMPER	1 A A 1	0 10	
,,,,,,,	W.F.WILL	IAMS			122 5001	IH CENI	TRE ST.,C	UMDE	SLAIN	U,MU	•
23a. BURIAL, CREMATIC	ON. 23b. DATE THEREO	OF .	23c. NAME OF CEMETE	RY OR CR	EMATORY	23d. LOCA	TION (City, town,	or county)		(Stot	te)

FROSTBURG, MD.

PROSTBURG ADDRESS

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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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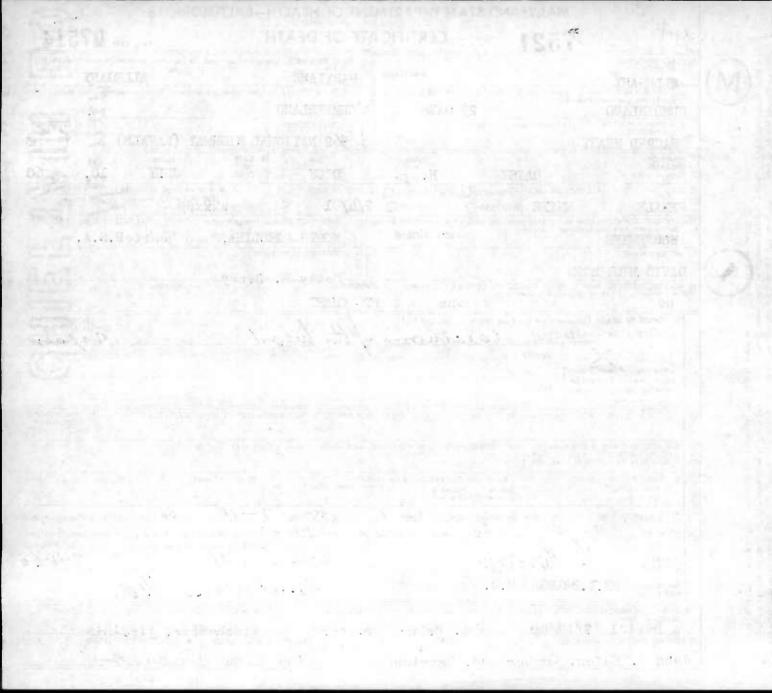
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	1. PLACE OF DEATH o. COUNTY ALL	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence befare admission) a. STATE b. COUNTY MARYLAND ALLEGANY									
	RURAL and give ne	OR TOWN (If outside corporate limits, write Land give nearest tawn)			7,000						
	A NAME OF HOSPIT	BERLAND  AL (If nat in haspital, give stre	et address)	d. STREET ADD				e. IS RESIDENCE			
5	OR INSTITUTION	OR INSTITUTION MEMORIAL HOSPITAL MEMORIAL & WARWICK AVES.				AZIER VIL	LAGE	ON A FARM?			
	3. NAME OF			Last	4. DATE						
	(Type ar print)	ANNA	ALEDIA	DEVE	OF			,			
	5. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24   last birthday)   Months   Days   Hours   Months   Months   Days   Hours   Months   Months   Days   Hours   Months   Mon							
	FEMALE	WHITE WIDO	WED X DIVORCED	SEPT. 18, 1902   Gast Birthday)   Manths Days Haurs /							
	10a. USUAL OCCUPATIO	ing life even if retired)	b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLAC			12. CITIZEN O	F WHAT COUNTRY?			
	Domestic	Public	School Board	MARYLAND Barton U.S.A.							
	13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME							
	J	AMES LYONS		MAKI	SNYDER						
1	(Yes, no. os unknown)	R IN U. S. ARMED FORCES? 1		NFORMANT			ress				
	No			MEMORIAL H	HOSPITAL,	CUMBERLA	ND, MD.				
)	18. CAUSE OF DEATH [Enter only one cause pet line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Canditions, if any, which gave rise to immediate cause (a), stating the under- lying cause lost.  (b)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO.										
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a.m. 19 While at wark at wark 20d. INJURY Home, factory, street, affice bldg., etc.) (City ar tawn) (Caunty) (State)										
	21. I certify that (I) (this haspital) attended the deceased from 19 10 10 19 19 19 19 19 19 19 19 19 19 19 19 19										
	23a. BURIAL, CREMATIO BULLA (Specify)	N, 236. DATE THEREOF 7-23-60	23c. NAME OF CEMETERY OF Hillcrest			ation (City, town, mberland	l,Md	(State)			
-	James F.		Cumberland, Md		a. REC'D BY REGI		Julhur S. A				

THE PROPERTY OF THE PARTY OF TH and the first and a first the first term of the EL ES PER MUNICIPAL DE REVOIR DE STECLAR COMPANIA 55 - 100 - 1 a ^ a MORE SHYDES SAME THE HER LINE, THE STREET, IT. 

•		0	Acto	7521	CERTIFI	CATE OF DEAT	TH	Reg. Dis	127514
director filed witl	M		PLACE OF DEATH o. COUNTY OT.T.EGANY		MARYLAN	2. USUAL RESIDENCE (VO. STATE MARYLAND)		If institution: Resident	
funeral	M	-	b. CITY OR TOWN RURAL and give to CUMBERIAN		c. LENGTH OF STAY IN  29 DAYS	c. CITY OR TOWN (I	f outside corporate limit	rs, write RURAL and g	give nearest town)
by the	06:		d. NAME OF HOSP OR INSTITUTION SACRED H	ITAL (If not in hospitol, give street FART	et oddress)	d. STREET ADDRESS 562 NATIO	ONAL HIGHWA	Y (LAVALE)	e. IS RESIDENCE ON A FARM? YES NO
illed in			NAME OF DECEASED (Type or print)	First DAISY	Middle Marie	DICK	4. DATE OF DEATH	Month JULY	Day Year 10, 19 60
d within oletely f rs. Pag			FEMALE		RRIED NEVER MARRIED [	- / /		pirthday) Months	1 YEAR IF UNDER 24 HRS. Days Hours Min.
execute ad camp		100	during most of wo HOUSEWIF	ON (Give kind of work done 10 rking life, even if retired)	b. KIND OF BUSINESS OR IF Own Home		PROLINA, Swa		ZEN OF WHAT COUNTRY?
ote be ician on e corbo	1		FATHER'S NAME	YETTE		14. MOTHER'S MAIDEN			
certificating physicial remave of 22 had a serial control of the control of the certification			WAS DECEASED EV I, no, or unknown) 110	ER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)	6. SOCIAL SECURITY NO.	PTS CHART	· berry	Address	
ian.  en signed by the attentions to permit. Then plea		Z	Conditions, if gove rise to couse (o), stoting lying couse lost	the under-	awinom	m flter held	281	TION CONTAINS AS	INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH
The law ng physic e has bee	5	TIFICATION	20a, ACCIDENT W	HER SIGNIFICANT CONDITIONS  (AS_UNDERLYING   20b. DI		BUT NOT RELATED TO THE TER			PERFORMED? YES NO
PHYSICIAN of ar attendi his certificat r use as the		MEDICAL CERTIF		Whi		e. PLACE OF INJURY (Home, fo foctory, street, office bldg., o	orm, 20f. (City or town	ı) (c	County) (Stote)
could be detached for the base of the base			alive an	hat I attended the deced 7-10, 19 L Knix R.L.BRINGS M.I	La, and that de	m.D. 576		uses and an the	ist saw the deceased date stated abave.  DATE SIGNED  7-11-6-0
may be poge 3 sho		220	BURIAL, CREMATION REMOVAL (Specify Burial)	)	22c. NAME OF CEMETER	RY OR CREMATORY	22d. LOCATION (Ci	ty, town, or county)	(Stote)
VS A15 (4)			FUNERAL DIRECTOR	es signature la fer. Cumberla	ADDRESS	24a. RE	C'D 8Y REGISTRAR	Calbud & f	GNATÜRE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



The substitute of the contract of 

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7593.

07516

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

\ <u></u>										
1.	PLACE OF DEATH				2. USUAL RESIDENCE (	Where decease			ce before ac	lmissian)
	A 49 H	legany		MARYLAND	o. STATE Md.		b. COUNT		gany	
	b. CITY OR TOWN (If a ond give negrest town)	outside corporale limits, write	RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f autside corpo	orate limits, write	RURAL and	give nearest	lawn)
	Cumberlar	nd		OUT WY THAT I SEE	X Flintst	one.	Md.		2005	
			If not in hos	pital, give street address)	d. STREET ADDRESS		200		e. 1S	RESIDENCE
	Sacred He	art Host	ital	D.O.A.	/ Rt. #2					□ NO □
3.	NAME OF DECEASED	Fir	sl	Middle	Lost	4. DATE	Manti	h	Day	Year
	17	FLORENCE	11	TYERS DONA	HOE	DEATH	7		19	19 60
5.	SEX	6. COLOR OR RACE	7. MARRIE	DE NEVER MARRIED E	. DATE OF BIRTH	1	P. AGE  In years     last birthday			DER 24 HRS.
	F	W	WIDOWED	DIVORCED [	7-23-1891		68 yrs.	Months D	ays Hour	Min.
10	. USUAL OCCUPATIO	N (Give kind of work	dane 10b. K	IND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State	ar foreign co	untry)	12. CITIZI	EN OF WHA	AT COUNTRY?
	etired cl		orker	.Pajama Fac	tory. Midl	othis	n Md.	TT.	S.A.	
	FATHER'S NAME			,	14. MOTHER'S MAIDEN		,			
	John Wi	llson			Alfretta	Lee				
	. WAS DECEASED EVE			SOCIAL SECURITY NO. 17.	NFORMANT		Address			ENIM
L	No	None		14-12-3312	John Donah	ue. R	t #9. F	lints	tone	Md.
	18. CAUSE OF DEAT	H [Enter only one cau	se per line i	for (a), (b), and (c).]					INTERVAL BET	WEEN DEATH
		H WAS CAUSED BY:		CORONARY	OCCIJISTON	I		1	SIID	
	420	DUE TO		- CONTON PORT					- 5.10	
	Canditians, if on	40		CORONARY	SCLEROSIS	3			-	
	gave rise to immedi (a), stating the u	iate couse		S. CATONIAL C.						
	cause last.	(c)								
Z	PART II. OTH			INTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERM	INALDISEASE	CONDITION GIV	EN IN PART	1(a) 19. WA	S AUTOPSY
ATIC									YES _	FORMED?
CERTIFICATION	20g. EXTERNAL CAUS		b. DESCRIBE	HOW INJURY OCCURRED. (	inter nature of injury in Par	rt 1 or Part II a	if item 18.)			
CER	PRIMARY Or CON	IIKIBUTING L								
CAL	20c. TIME OF INJUR	Y Month, Day, Yes			CE OF INJURY (Home, form	m, 20f. (City	or lawn)	(Coun	ty)	(State)
MEDICAL	Haur a.m. p. m.	19	While at wo	1401 Millia	ary, street, affice bldg., etc	-7				
1		ot I took charge	of the r	emains described obo	ve, held on Autops	y D. In:	spection X	(nquiry	T, one	d find that
		from: Noturol	_				determined of		344	
	, and	,	. /	21						
	ACTUAL SIGNATURE	Dandin	4 1	tore Oral	M.D. CHIEF MEDICAL E	XAMINER [			DAT	E SIGNED
	SIGNATURE 300	eneur.	2211	WILLIAM	ASSISTANT MEDIC	CAL EXAMINER				
L	EXAMINER'S NAME (Type) BO	enedict S	ki ta	relic. M.D.	DEPUTY MEDICAL	EXAMINER T	July	7 19	1960	
22	REMOVAL (Specify)			22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCAT	ION (City, town,	or county)	(S	tate)
	Burial	7-22-60			tery	Eckh		3.		
23	FUNERAL DIRECTOR'S	SIGNATURE	for	Funeral Home		D BY REGISTR		STRAR'S SIGN		
Z	Bull H. ke	loutesunt or	3 III	Main Frost	ours Modate &	UL 25'8	0 0	rthun 2.	Time	
-										

VS. A15ME(5) 5M 9/55

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•		and Life III on	
	PARTIE NO.	The armining set of the fall	

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

07517

7	524	CERTIFICA	TE OF DEATH		
1. PLACE OF DEATH a. COUNTY	Allegany	MARYLAND	2. USUAL RESIDENCE (W	there deceased lived. If institution b. COUNTY	Residence before admission) Allegany
RURAL ond give	(If outside corporate limits, write nearest tawn)	c. LENGTH OF STAY IN 16 9/6/1877	c. CITY OR TOWN (IF	outside corporote limits, write RUI	RAL and give nearest town)
d. NAME OF HOSE OR INSTITUTION	Allegany Cou		d. STREET ADDRESS	Cumberland St	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Clara	Middle W •	Donnelly	4. DATE Month OF DEATH July	8, 19 60
s. sex Female	6. COLOR OR RACE 7. MAR WIDOW	**	B. DATE OF BIRTH 9/6/1877		FUNDER 1 YEAR IF UNDER 24 HRS Manths Days Hours Min.
10a. USUAL OCCUPAT during most of we Housewi	TION (Give kind of work done 10borking life, even if retired)	. KIND OF BUSINESS OR INDU	****************	e or fareign country)  Maryland	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	George W. W	ebster	14. MOTHER'S MAIDEN Anne	A C. Voe kel	
1S. WAS DECEASED EV (Yes, no, or unknown)	VER IN U. S. ARMED FORCES? (If yes, give war or dates of service)			ox 599 Addre	"Cumberland, Me
	immediate ( DUE TO	line for (a), (b), and (c).]  Leculo  Leculor	earter	postasis	INTERVAL BETWEEN ONSET AND DEATH
PART II. O	t. (c)  THER SIGNIFICANT CONDITIONS  Select	CONTRIBUTING TO DEATH BUT	MOT RELATED TO THE TERM	AINAP DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTION	VAS UNDERLYING   20b. DE NG   CAUSE OF DEATH FY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Part II of item 1B.)	
20c. TIME OF INJU	. While	-1	ACE OF INJURY (Hame, far ctary, street, affice bldg., et		(County) (State
	nat (1) (this haspital) attenased alive an 7/8/6		@ 11.9E D 1	o ta 7/8/60 MM, fram the causes and	, 19, that (I) (we) last an the date stated above
22c. PHYSICIAN'S	Dr. James E	McLean	22d. ADDRESS	reene St., Cu	7/9/60 SIGNER mborland, Md.
23a. BURIAL, CREMAT REMOVAL (Specif	10N, 23b. DATE THEREOF (y) 7/11/60	23c. NAME OF CEMETERY C		23d. LOCATION (City, town, or	county) (State)  Marvland

TO HOS VR A15 (4) 15M 9/59

Burial 7/11/60
24. FUNERAL DIRECTOR'S SIGNATURE Ruth E. Silcox

Cumberland

ADDRESS

Maryland

RoseHill Mausoleum

25a. REC'D BY REGISTRAR DATE JUL 1 3 '60

archur S. Kraus

nd Maryland
25b. REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

## **CERTIFICATE OF DEATH**

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 ł	1	17	 7

									1100	- 401.
1. PLACE OF DEATH O. COUNTY ALLEGANY			MARY		CUMBERLAND		b. COUNTY	on: Residence b		ission)
b. CITY OR TOWN (I RURAL and give no CUMBERLAN	f outside corporate limit arest town)	s, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (IF			URAL ond give	nearest tov	wn)
	L & WARWICK		address)		d. STREET ADDRESS 211 CECE				ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Firs ADC	LPH	Middle		Last DUERR	4. DATE OF DEATH	Mon		Day 22	Year 1960
5. SEX MALE	1.14.4.5.75	7. MARR	ED DIVORCE		10-31-1892		9. AGE (In years lost birthdoy) 07 yrs.	Manths Day	_	1
10a. USUAL OCCUPATION during most of work BEAUTICI	(ing life, even if retired)		KIND OF BUSINESS O		GERMANY	or foreign co	ountry)	12. CITIZEN	OF WHAT	COUNTRY
13. FATHER'S NAME	LUE HAVE O				14. MOTHER'S MAIDEN					
WILLIAM					BARBARA RE	IBER				
15. WAS DECEASED EVE	R IN U. S. ARMED FORG		SOCIAL SECURITY NO		EMORIAL HOSE	PITAL,	CUMBERLA		'LAND	
Canditions, if o gove rise to it couse (a), stating lying couse lost.	the under- DUE TO (c)	BABI	CONCHIA	D	STHMA	ULC	er		yrs liy	2
ICATIO		5			OT RELATED TO THE TERM			/EN IN PART I(c	PERF	S AUTOPSY FORMED?
(IF EITHER, NOTIFY	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CKIBE HOW INJUKY O	CCURRED.	(Enter noture of injury in	Port I or Port	r II or (tem IB.)			
20c. TIME OF INJUR Haur a. m. p. m.	Y Month, Day, Yeo	While	NJURY OCCURRED  Not while  at work	20e. PLAC focto	E OF INJURY (Home, forman, street, office bldg., etc.,	m, 20f. (City c.)	or tawn)	(Coun	ity}	(Stote
21. I certify that saw the decease 220. SIGNATURE	et (1) (this haspital) sed alive an	attend	4		ath accurred at 9:		7/2Z the causes ar		ate state	
22d. BIGINATURE 27d. PHYSICIAN'S	Je M/	Ls	non	М.	D. ATTENDING D. PHYS. D. D. 22d. ADDRESS	AED. DIRECTOR [	STAFF PHYS.			SIGNED
NAME (Type)			M. SIMONS		ALGONQUIN					
230 BURIAL, CREMATIO	1/25/	60	23c. NAME OF CEMI	ETERY OR	Y Com.	Cu	TION (City, town,	2	1	22c
24. FUNERAD DIRECTOR	S SIGNATURE,	Qua	ADDRESS	1. in	DATE J	D BY REGIST	0	STRAR'S STONA		

TOTAL CONTRACTOR SERVICE

Table 112 DE ATS

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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

ABETA

	(9)	20		CERTIFIC	JAII	E OF DEAT	Н				U	10.	TA
	PLACE OF DEATH D. COUNTY	LLEGANY		MARYLA		O. STATE MARYLA	. I library	deceosed	l lived. If institution b. COUNTY		LEGA		sion)
	RURAL and give nee	outside corporate limit arest town) UMBERLAND	s, write	c. LENGTH OF STAY IN	1b	CUMBER			rote limits, write R	URAL ond	give ned	rest low	n)
	d. NAME OF HOSPITA OR INSTITUTION MEMORIAL	MEMOR PARIOTA & WARWICK	AVES	ondress)		d. STREET ADDRES		IANA	AVE.,				FARM?
	NAME OF DECEASED (Type or print)	Firs Ll	JLA	Middle AGNES		EAST ON		OF DEATH	Mon JUL		Do		Year 19 60
	FEMALE	6. COLOR OR RACE WHITE	7. MARR	RIED NEVER MARRIED		CTOBER 24,	, 188	-	9. AGE (In years last besthday) yrs.	Months Months	Doys	Hours	Min.
	during mast of work	N (Give kind of work d ing life, even if retired)	one 10b.	KIND OF BUSINESS OR		W.VA.			ountry)		U.S.		COUNTR
13.	FATHER'S NAME	EMANUAL EVE	RSOL	E		JE NN I E			3				
		RIN U. S. ARMED FORG		SOCIAL SECURITY NO.		MEMORIAL H	HOSPI	ITAL,	, CUMBERL		MAR	YLAN	ID .
	B 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Dy which mediate		ne for (0), (b), ond (c).]  Oan  One	- Se	The Speak	Jan Kark	6	1 11				ETWEEN DEATH
CATION	lying couse last.	) (c)	OITIONS C	CONTRIBUTING TO DEAT	H BUT N	OT RELATED TO THE T	CERMINA TERMINA	L DISEASI	E CONDITION GIV	EN IN PA	RT 1(o) 1	9. WAS PERFO YES	ORMED?
CERTIFI	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED.	(Enter nature of injur	y in Port	t I or Port	t II af item 18.)			V0.	
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Manth, Doy, Yea	r 20d. II While at wor	Nat while		E OF INJURY (Home, ry, street, office bldg.		20f. (City	or town)		(County)		(Sto
	saw the deceas	t (I) (this hospital	// ju	ded the deceased fr			19.5° 2:30M	PMm	thecausedar		the date	, ,	, ,
-	22g. SIGNAGURE	milayly	th	5	M.	22d. ADDRESS		TOR 🗆	STAFF PHYS.			7/1	SIGNI FIG
236	NAME (Type)	G. OVERTON		ME LWR IGHT	RY OR	133 VIR		I A A \	TION (Gity, tawn,	SERLA or county		MD .	ote)

VR A1S (4) 1SM 9/59

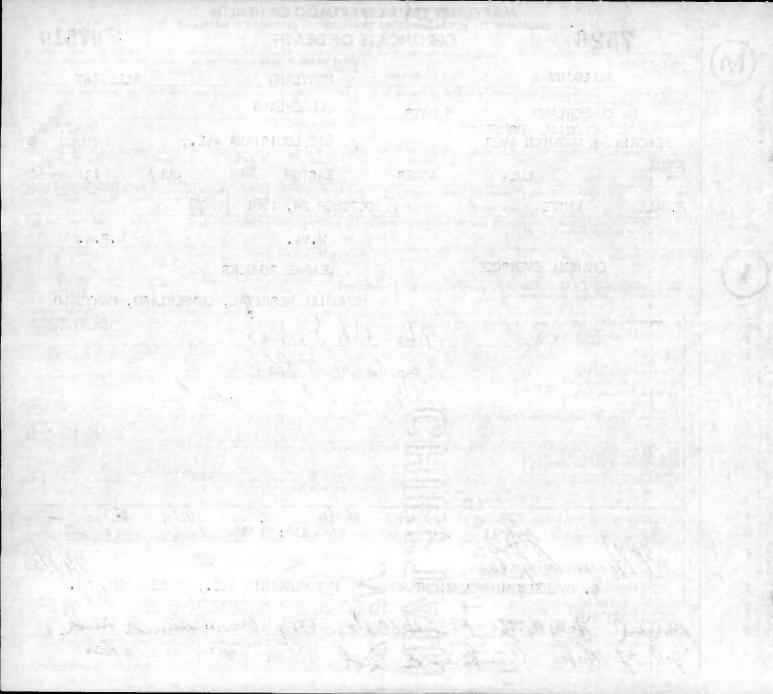
23a. BURIAL, CREMATION, PEMOVAL (Specify)

MMOO

23c. NAME OF CEMETERY OR CREMATORY

250 REC'D BY REGISTRAR DATE 111 1 8 '60

256. REGISTRAR'S SIGNATURE



# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7527

Reg. Dist. No. 21) MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1.	PLACE OF DEATH o. COUNTY AT.T.E	GANY		MARYL		2. USUAL RESIDENCE ( O. STATE MAR	Where deced	b. COUNT	v	EGA		ission)
	and give noarest town	outside corporate limits, write BERLAND	RURAL	c. LENGTH OF STAY II	irs.	c. CITY OR TOWN (  CUMBER		porate limits, write	RURAL and	give n	earest to	wn)
5	d. NAME OF HOSPITA			pital, give street address BERLAND MI		d. STREET ADDRESS	h C+				ON	ESIDENCE A FARM?
3	NAME OF	Fin		Middle	• 1		h St.			-		NO
	(Type or print)	JOY		A.		EVANS	OF DEATH	July	22	Day		960
5.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8. 0	ATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER		IF UND	ER 24 HRS.
	Female	White	WIDOWED	DIVORCED T		3-1-12		18 yrs.	Months	Doys	Hours	Min.
		N (Give kind of work	dane 10b. K	IND OF BUSINESS OR II	NDUSTRY	11. BIRTHPLACE (Stat	e ar fareign	country)	12. CITI	ZEN O	F WHAT	COUNTRY?
	Housewi			Housewife		West	Virgin	ni a	T	ISA		
1:	B. FATHER'S NAME			A CONTRACTOR OF THE CONTRACTOR		4. MOTHER'S MAIDEN						
	FDWA	RD PORTMES	35			RENA	CURR	TV.				
	. WAS DECEASED EVE	R IN U. S. ARMED FO	RCES? 16. 5	SOCIAL SECURITY NO.	17. INF	DRMANT	Ooiti	Address				
1"	es, no, or unknown) NO	(If yes, give war or dates of	service)	None	SA	CRED HEART	HOGD	CUMBERL	MID N	m		
F		H Enter only one cau	se per line f			COLLEGE STREET	- III/AII -	GUMBINATO	T. Carlo		RVAL BETWEET AND DE	EEN
	PART I. DEAT	H WAS CAUSED BY			2776.6.8	AND CONCE	WI TON	NA DIENTO		ONSE		
	12 A 1	IMMEDIATE CAUSE (a)		PULMONARY E	) FINALY	AND CONGES	STION.	MARKED		14	Hrs	•
		DUE TO									AA	
	Conditions, if ar	igte cause	(	CARDIAC FAI	LUKE					-	11	
1	(a), stating the u									120		
	cause last.	) (c).		CHEUMATIC E							rears	
CERTIFICATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH	BUT NO	TRELATED TO THE TERM	AINAL DISEAS	SE CONDITION GIV	EN IN PART		9. WAS PERFO YES [	AUTOPSY PRMED?
		SE WAS ITRIBUTING	b. DESCRIBE	HOW INJURY OCCURR	tED. (Ente	r nature af injury in Pa	ort I ar Part II	of item 1B.)				
MEDICAL	20c. TIME OF INJUR Haur a. m. p. m.	Y Month, Day, Yea	20d. If White at wor	Not white	PLACE foctory	OF INJURY (Home, for, street, office bldg., et	m, 20f. (Cit	y or town)	(Cau	inty)		(State)
	21. I certify th	at I took charge	of the re	emains described	above	, held an Autop	sy 🗍, I	nspection [7],	Inquir	v 🕅	. and	find that
				Accident .				ndetermined o		, 100-1	,	.,,,,
	/	2	70		,	)	, L.,					
	ACTUAL M	mortin	41	1.1.00	1/	CHIEF MEDICAL E	YAMINER [				DATE S	IGNED
	SIGNATURE	meine	AX	marke	21	ASSISTANT MEDICAL						
L	EXAMINER'S NAME (Type)	ENEDICT SK	TTAREI	LIC, M.D.D.		DEPUTY MEDICAL			22,	196	60	
22	o. BURIAL, CREMATION REMOVAL (Specify)	N. 226. DATE THEREO	F	22c. NAME OF CEMETER	Y OR CE	EMATORY	22d. LOCA	TION (City, tawn,	or county)		(State	•}
	Burial	7/25/60	)	Hillcrest	Bur	ial Park	Cum	berland	Mar	vla	nd	
23	FUNERAL DIRECTOR	SIGNATURE		ADDRESS			D BY REGIST	TRAR 24b. REGIS	TRAR'S SIG	NATUE	RE	
L	H. Lee S:	ilcox (	Cumber	land Mary	land	DATE	JIII 2.6	'60	9 - 3	0 11		
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VS. A15ME(5) 5M 9/55

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		SECTION STATE PROPERTY.  SECTION OF DESCRIPTION OF SECTION OF SECT		

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

PLACE OF DEATH					2. USUAL RESIDENC	E (Where decease	ed lived. If institution	an: Residence be	fare admis	sion)
a. COUNTY			MAR	YLAND	a. STATE		b. COUNTY			
	Allegany		_			yland		Allega		
B. CITY OR TOWN RURAL and give	(If autside carporate limi nearest tawn)	its, write	c. LENGTH OF STA	YINIB			porate limits, write R	URAL and give n	earest taw	n)
Cumber	land		year	S		berland	i		10 000	SIDENCE
OR INSTITUTION	ITAL (If nat in haspital, g	give street	adaress)		d. STREET ADDRE		24		ON A	A FARM?
312 Pa	rk Street				312	Park S	otreet		YES	] NO [
NAME OF DECEASED (Type or print)	FANNA	rst	GRAYCE		Lost	4. DATE OF DEAT		th (	Day	Year 19 60
SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARE		B. DATE OF BIRTH		9. AGE (In years	IF UNDER 1 YEA		
Female	White	WIDOWE	_		March 16.	1882	last birthday) 78 yrs.	Manths Days	Haurs	Min
a. USUAL OCCUPAT	ION (Give kind of work rking life, even if retired	dane 10b.	KIND OF BUSINESS	OR INDUS	STRY 11. BIRTHPLACE	State ar foreign	country)	12. CITIZEN	OF WHAT	COUNTR
		" (	Own Home		Garrett	Co., 1	id.	USA		
HOUSEW	110				14. MOTHER'S MAIL	DEN NAME		,		
Edwin	Albright	occes la		0 12 14	HORMANT	Albrig	h <u>t</u>	ress Park	Stran	a t
es, no, or unknown)	ER IN U. S. ARMED FOR		SOCIAL SECURITY N	-						-
		177	none	Cha	arles A. F	'eeser	Cumberla	nd, Mar	ylan	d
IR CAUSE OF DE	ATH [Enter anly one co	ause per lir		1 1		4.		lin	TERVAL BI	FTWFFN
	ATH WAS CAUSED BY:	, and a second	Top to part to	4.1				, 01	VSET AND	DEATH
TAKI I. UE	IMMEDIATE CAUSE (c	11	000	u	2/21 70	VOU	wroa	-	They	da.
I ELI M			60							-
	DUE TO									
100	00210		Make -	1	( )	~	0.01.	_/	-3	
Conditions, if	any, which )	1	Topen	le	week (	orler	20 Acle	rotes		
gave rise to	any, which (b		Topez	lei	week !	orler	es pele	rotes		
gave rise to cause (a), stating	any, which ) (bimmediate ) DUE TO		aper	lei	week !	orler	o pele	rote	-0	
gave rise to cause (a), stating lying couse last	any, which (bimmediate of the under-		Japan Las	lei	o vas	orler	es pele	sea	el .	AUTOR
gave rise to cause (a), stating lying couse last	any, which ) (bimmediate ) DUE TO		CONTRIBUTING TO D	Les Les Jeath BUT	O Vas	Terminal Dise	PCLO Last CONDITION GIV	VEN IN PART 1(a)		AUTOPS ORMED?
gave rise to cause (a), stating lying couse last	any, which (bimmediate of the under-		CONTRIBUTING TO D	Les Leath BUT	O Vasa NOT RELATED TO THE	Orles Caul TERMINAL DISEA	PCLE Desperation GIV	VEN IN PART 1(0)		
gave rise to cause (a), stating lying couse last	any, which immediate by the under. DUE TO	o) c) nditions (		1213				VEN IN PART 1(o)	PERFO	ORMED?
gave rise to cause (a), stating lying couse last	any, which immediate g the under.  THER SIGNIFICANT CON  AS UNDERLYING  G CAUSE OF DEATH	o) c) nditions (		1213	NOT RELATED TO THE			VEN IN PART 1(o)	PERFO	ORMED?
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gave rise to cause (a), stating lying couse last PART II. O' OR CONTRIBUTING (IF EITHER, NOTIF	ony, which immediate g the under.  THER SIGNIFICANT CON  AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)  OUT TO THE	20b. DESC	CRIBE HOW INJURY  NJURY OCCURRED  Nat while	OCCURRE	D. (Enter nature of inju	ry in Part 1 ar P	art II of item 18.)		PERFC YES _	ORMED?
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gave rise to cause (a), stating lying couse last  PART II. O'  20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)  20c. TIME OF INJL. Haur a. m. p. m.  21. I certify th	immediate g the under.  THER SIGNIFICANT CON  AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)  IRY Month, Day, Ye  19	20b. DEScorer 20d. If White at war	CRIBE HOW INJURY  NJURY OCCURRED  Not while at work  ded the deceased	20e. PL	D. (Enter nature of inju ACE OF INJURY (Hame chary, street, office blds	ry in Part I ar P , farm, 20f. (C ,, etc.)	art II of item 18.)	(Count	PERFC YES (1)	(Sta
gave rise to cause (a), stating lying couse last  PART II. O'  20a. ACCIDENT WORK CONTRIBUTING (IF EITHER, NOTIF)  20c. TIME OF INJU-Haur a. m. p. m.  21. I certify the saw the deceded.	immediate g the under.  THER SIGNIFICANT CON  AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)  IRY Month, Day, Ye  19	20b. DEScorer 20d. If White at war	CRIBE HOW INJURY  NJURY OCCURRED  Not while at work  ded the deceased	20e. PL	D. (Enter nature af inju	ry in Part I ar P , farm, 20f. (C ,, etc.)	art II of item 18.)	(Count	PERFC YES	(Sta
gave rise to cause (a), stating lying couse last  PART II. O'  20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)  20c. TIME OF INJL. Haur a. m. p. m.  21. I certify th	immediate g the under.  THER SIGNIFICANT CON  AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)  IRY Month, Day, Ye  19	20b. DEScorer 20d. If White at war	NJURY OCCURRED Not while at wark at wa	20e. PL fac d from	D. (Enter nature of inju  ACE OF INJURY (Hame clary, street, office bldg	ry in Part 1 ar P , farm, 20f. (C	ity ar town)  The causes ar	(Count	PERFC YES	(Sta
gave rise to cause (a), stating lying couse last  PART II. O'  20a. ACCIDENT WOOR CONTRIBUTING (IF EITHER, NOTIF)  20c. TIME OF INJU- Haur a. m. p. m.  21. I certify the saw the deced 22a. SIGNATURE	immediate g the under.  THER SIGNIFICANT CON  AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)  IRY Month, Day, Ye  19	20b. DEScorer 20d. If White at war	CRIBE HOW INJURY  NJURY OCCURRED  Not while at work  ded the deceased	20e. PL fac d from	D. (Enter nature of injunction), street, office bldg death accurred at ATTENDING M.D. PHYS.	ry in Part 1 ar P , farm, 20f. (C , etc.)	ity ar town)  The causes ar	(Count	PERFC YES	(Sta
gave rise to cause (a), stating lying couse last  PART II. O'  20a. ACCIDENT WOOR CONTRIBUTION (IF EITHER, NOTIF Haur a. m. p. m.  21. I certify the saw the deceed 22a. SIGNATURE	immediate g the under.  THER SIGNIFICANT CON  AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)  IRY Month, Day, Ye  19	20b. DEScorer 20d. If White at war	NJURY OCCURRED Not while at wark at wa	20e. PL fac d from	D. (Enter nature of inju  ACE OF INJURY (Hame clary, street, office bldg	ry in Part 1 ar P , farm, 20f. (C	ity ar town)  The causes ar	(Count	PERFC YES	(Sta
gave rise to cause (a), stating lying couse last PART II. O'  20a. ACCIDENT W OR CONTRIBUTIN (IF EITHER, NOTIF Haur a. m. p. m.  21. I certify the saw the deced 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	AS UNDERLYING CAUSE OF DEATH Y MEDICAL EXAMINER)  at (1) (this haspite as a seed alive an	20b. DEScorer 20d. If White at war	NJURY OCCURRED Not while at wark at wa	20e. PL fac d from	D. (Enter nature of injunction).  ACE OF INJURY (Hame clary, street, affice bldg leath accurred at attending Phys.  22d. ADDRESS	form, 20f. (C), etc.)  19.27, to  MED. DIRECTOR	ity ar town)  The causes ar	(Caunt 1962) and an the da	PERFCY YES	(Sta
gave rise to cause (a), stating lying couse last PART II. O'  20a. ACCIDENT W O'R CONTRIBUTIN (IF EITHER, NOTIFE HOURS)  20c. TIME OF INJUMENT OF INJU	AS UNDERLYING CAUSE OF DEATH Y MEDICAL EXAMINER)  at (1) (this haspite of the diversity of	20b. DESC	NJURY OCCURRED Not while at wark at wa	20e. PL fac d from	D. (Enter nature of injunctions), street, office bldg death occurred at ATTENDING PHYS.  22d. ADDRESS 122 So	ry in Part I ar P , farm, 20f. (C , etc.) 19.27, to MED. DIRECTOR [	ity ar town)  The causes ar	(Count 1960) and an the da	PERFCY YES	(Stall Ma) Idea (Stall Ma) Ide
gave rise to cause (a), stating lying couse last PART II. O'  20a. ACCIDENT W O'R CONTRIBUTING (IF EITHER, NOTHER, NOTHER, NOTHER, NOTHER, MARE, Type)  21. I certify the saw the deceded as SIGNATURE (Specific Removal (Specific R	AS UNDERLYING CAUSE OF DEATH Y MEDICAL EXAMINER)  at (1) (this haspite as a constant of the co	20b. DESC White at war	ORIBE HOW INJURY  NJURY OCCURRED  Not while at work  ded the deceased  TP O an	20e. PL fact d from	D. (Enter nature of injunction), street, office bldg.  ATTENDING PHYS.  22d. ADDRESS 122 SO	form. 20f. (Co., etc.)  19.27. to  19.27. to  MED. DIRECTOR Conte:  23d. LOC	ity or town)  The causes on STAFF PHYS.   The Street ATION (City, town,	(Caunt	PERFCY YES	(Stall Ma) Idea (Stall Ma) Ide
gave rise to cause (a), stating lying couse last PART II. O' O' O' CONTRIBUTING (IF EITHER, NOTIF 20c. TIME OF INJUMENT AUTOMATICAL PROPERTY OF THE SAW THE DECENTION OF THE SAW THE DECENTION OF THE SAW THE MEMOVAL (Specific Buriel	any, which immediate graph of the under.  OUE TO (a) THER SIGNIFICANT CON (AS UNDERLYING   G   CAUSE OF DEATH Y MEDICAL EXAMINER)  OURY Month, Day, Ye at (1) (this haspite assed alive an output of the underlying of the underlyin	20b. DESC White at war	ORIBE HOW INJURY  NJURY OCCURRED  Not while at work  ded the deceased  17 0 an  123c. NAME OF CE.  Rose Hill	20e. PL fact d from	D. (Enter nature of injunction), street, office bldg  ATTENDING PHYS.  22d. ADDRESS 122 SO	ry in Part 1 ar P  farm, 20f. (C  19.27 to  19.27 to  MED. DIRECTOR [  Cente:  23d. LOC  Cum	art II of item 18.)  ity or town)  The causes are  STAFF PHYS.   The Street  ATION (City, town,	(County)  Cumberlar county)	y)  that (i) 4  te states  and,  (Sta	(Stall Manual Ma
gave rise to cause (a), stating lying couse last PART II. O'  20a. ACCIDENT WOOR CONTRIBUTING (IF EITHER, NOTHER, NOTHER, NOTHER, NOTHER, MARE, Type)  21. I certify the saw the deceded as SIGNATURE (Specific REMOVAL (Specific RE	any, which immediate graph of the under.  OUE TO (a) THER SIGNIFICANT CON (AS UNDERLYING   G   CAUSE OF DEATH Y MEDICAL EXAMINER)  OURY Month, Day, Ye at (1) (this haspite assed alive an output of the underlying of the underlyin	20b. DESC White at war	ORIBE HOW INJURY  NJURY OCCURRED  Not while at work  ded the deceased  TP O an	20e. PL fact d from	D. (Enter nature of injunction).  ACE OF INJURY (Home clary, street, office bldg of the clary).  ATTENDING PHYS.  22d. ADDRESS  122 SO.  R CREMATORY	form. 20f. (Co., etc.)  19.27. to  19.27. to  MED. DIRECTOR Conte:  23d. LOC	ity ar town)  ity ar town)  ity ar town)  The causes ar  STAFF PHYS.   The Street  ATION (City, town,	(Caunt	y)  that (I)  te stated  and  (Sta	(Stall Manual Ma

sicing and completely filled in by the funeral director, recorden papers. Pages 1 and 2 should be filed with 72 hours ofter death may be exclined by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician page 3 should be detached for use as the burial-transit permit. Then please rem ve can the State Board of Health prior to burial, cremation, or removal, and in any event, within TO HOS

LOR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24

rs ofter death. Poge 4

VR A15 (4) 15M 9/59

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			omico ind	Autor Jesus	U. T. Oliva

ADDRESS

24a. REC'D BY REGISTRAR

DATE

'60

24b. REGISTRAR'S SIGNATURE

arthur & Krous

ON A FARM?

YES NO

Year

19

PERFORMED?

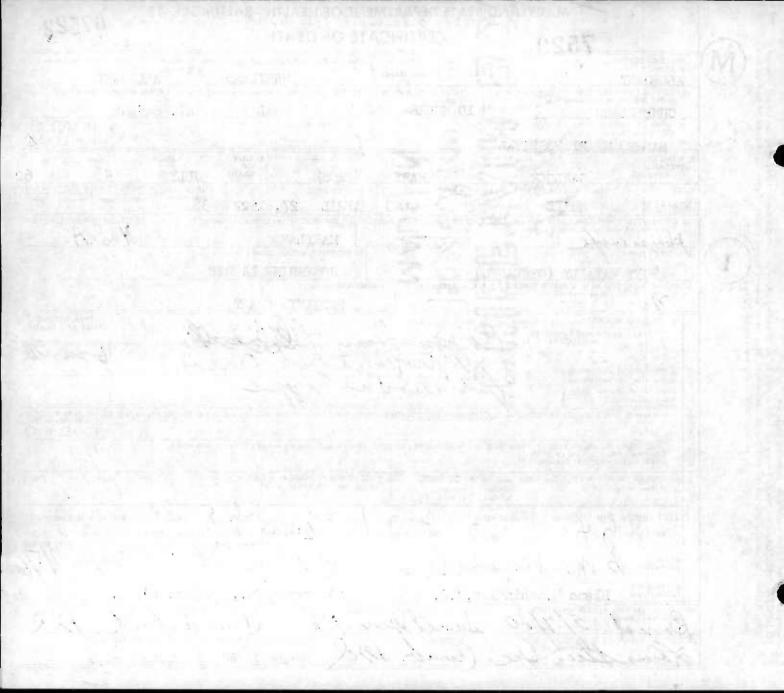
(Stote)

60

FUNERAL poge may 0

VS A15 (4) 1SM 9/SB

FUNERAL DIRECTOR'S SIGNATURE



TO HOST CORNING PHYSICIAN: The low requires that the death certificate be executed within 24 or safter death. Page 4 may be directly the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death.

VR A1S (4) 1SM 9/59

7530

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1. PLACE OF DEATH	Dog	MARYLAND	o. STATE	CE (Where deceased lived	b. COUNTY	ence before admi:	sion)
	outside corporate limits, write arest town)	c. LENGTH OF STAY IN 16		/N (If outside corporate li	mits, write RURAL and	give nearest tow	rn)
Cumberlan		nd 29 days			4-8%	-3	51.2
	AL (If not in hospitol, give street	oddress)	d. STREET ADDR			ON	SIDENCE A FARM?
Sacred He	art Hospital		3053 U	pten Court		YES	NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Day	Year
(Type or print)	Edith E. Dai	isy Gowans		DEATH	7/	23	19 60
S. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AC	E (In years IF UNDE t birthdoy) Months	Days Hours	Min.
Female	White WIDOW	/ED DIVORCED	1/22/1890	)	70 yrs.	Days Hours	141111
10a. USUAL OCCUPATIO	N (Give kind of work done 10b	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE	(State or fareign country)	12.CI	TIZEN OF WHAT	COUNTRY?
during most of work	ing life, even if retired)		Marv	lond		II.S.A	
13, FATHER'S NAME			14. MOTHER'S MA			U.D.R.	
	am Duckworth			reene	4.11		
S. WAS DECEASED EVER	R IN U. S. ARMED FORCES? 16.	. SOCIAL SECURITY NO. 17. I	NFORMANT		Address	C	
(Yes, no, or unknown)			Record- Sa	acred Hear	t Hospit	al	
	TH (Enter only one couse per I TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	rome thy	restile	will Tech	rufewati	ONSET AN	DEATH
gove rise to in couse (o), stoting t lying couse lost.	nmediote (	CANTRIBUTING TO DEATH BU	T NOT BELATED TO TH	ETEDMINIAL DISEASE CON	IDITION GIVEN IN PA	PT 1/a) 10 W/AS	VSQOTILA
CATIO	EK SIGNIFICANT CONDITION	Vilmes	I NOI KEDATED TO TH	E TERMINAL DISEASE CON	ADMION SIVEN IN FA	PERF	ORMED?
(IF EITHER, NOTIFY	S UNDERLYING   20b. DES   CAUSE OF DEATH   MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURR	ED. (Enter noture of in	jury in Port I or Port II of	item 18.)		
20c. TIME OF INJURY Hour o. m. p. m.	While		LACE OF INJURY (Homostory, street, office blo		wn)	(County)	(Slote)
21. I certify that saw the decease	t (I) (this haspital) atten	72 -/ 1	/	1960, ta	2 - 23 19		
20. SIGNATURE	Phyon	i sh	M.D. ATTENDING PHYS.		AFF YS.		2b.DATE SIGNED
12c. PHYSICIAN'S NAME (Type)	James J. Johnson	on Jr	22d. ADDRESS	ue 87 (	sunbel	loud	use
23g. BURIAL, CREMATION REMOVAL (Specify)	N, 236, DATE THEREOF 77 25/1960	23c. NAME OF CEMETERY OF Memorial P	/	23d. LOCATION Peters	city, town, or county	orida.	ote)
GEORGE T		LONACON ING,	MD. 25	o. REC'D BY REGISTRAR ATE JUL 2 6 '60	25b. REGISTRAR'S S	GNATURE	9.31

int, intermers, elai 7 - 2 T age as an appearance that a second Interest Visial Large I drietoli gucela E nazevi and the state of t Latinger drawn Detroit Tombell Transmitted to American Transmitted eneval 72 EF/1960 reserved Ferr Ct. Starture, Thorida, TOTAL STATE OF THE WORLD AND THE STATE OF TH

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## **CERTIFICATE OF DEATH**

Dist 07524

	101				keg. Disi	,0140.
PLACE OF DEATH o. COUNTY		MARYLAND	2. USUAL RESIDENCE (WO. STATE Maryl	h :	COUNTY	e before odmission)  egany
b. CITY OR TOWN (If outside corn RURAL and give nearest town)  Cumberland	porote limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limit		
d. NAME OF HOSPITAL (If not in OR INSTITUTION Sacred Heart		ddress)	d. STREET ADDRESS		ş.	e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print)	First Herman	Middle Joseph	Lost Grabenste	4. DATE OF	Month 7	Doy Yeor 10 1960
5. SEX 6. COLOR Male Whit	OR RACE 7. MARRI	DIVORCED	B. DATE OF BIRTH 10-15-93	9. AGE Jost b	41 1 1	YEAR IF UNDER 24 HRS Days Haurs Min.
10a. USUAL OCCUPATION (Give kinduring most of working life, ever Retired Clerk,  13. FATHER'S NAME	n if retired)		fice Maryland	Allegan		S. A.
Julius Gra	henstein		Mary I			
15. WAS DECEASED EVER IN U. S. A		OCIAL SECURITY NO.	INFORMANT	O SONE	Address Cum ein 604	b. Md. Greene St
Conditions, if any which gove rise to immediate couse (o), stating the under-lying couse lost.	DUE TO  (b) Coro		Failure sclerosis; myc		sease	l day 9 yrs.
PART II. OTHER SIGNIFIC  Pleural offu  20a. ACCIDENT WAS UNDERLY OR CONTRIBUTING  CAUSE (IF EITHER, NOTIFY MEDICAL EX	sian, righ	t: Complete :	IT NOT RELATED TO THETERM  PROPERTY IN THE TERM  RED. (Enter nature of injury in			1(o) 19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Month, Haur a. m. p. m.	Doy, Year 20d. IN While		PLACE OF INJURY (Home, farm factory, street, affice bldg., etc		(Co	ounty) (State
21. I certify that I attent alive an July 10  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)  Dr. S		O , and that deal	h accurred at 1 P.		uses and an the or town, stote)	date stated above DATE SIGNED 7/12/60
	TE THEREOF 13/60	22c. NAME OF CEMETERY SS. Peter		22d. LOCATION (Cit		(Stote)
23. FUNERAL DIRECTOR'S SIGNATUR Charles L. G		amberland,	Md	D BY REGISTRAR 2	4b. REGISTRAR'S SIGI	

moy be registrar prior to be seen as the burial-transition of the difference of the complete of the funeral director, and the prior of the prior of the funeral director.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director.

To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director.

The page 3 should be detached for use as the burial-transit permit. Then please temove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or remayal, and in any event within 72 bours after death.



1. PLACE OF DEATH o. COUNTY A	LLEGANY	MARYLAND	2. USUAL RESIDENCE (WO O. STATE		. COUNTY	lence before admiss	ion)
b. CITY OR TOWN ( RURAL and give in CUMBERL	If outside corporate limits, write learest town) AND	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate lin	nits, write RURAL on	d give nearest towr	1)
d. NAME OF HOSPI OMEMOBILAN MEMORIA	TAL (If not in hospital, give stre L HOSP TAL L & WARWICK AVI		d. STREET ADDRESS 792 FA	YETTE STR	EET		FARM?
3. NAME OF DECEASED (Type or print)	First FRANKL	Middle P	Last HALLER	4. DATE OF DEATH	Month JULY	/	Year 19 6(
5. SEX MALE	A Commence of the Commence of	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH	9. AG	E (In years IF UND birthdoy) Months		Min.
during most of wor	ON (Give kind of work done 10 lling life, even if retired)	b. KIND OF BUSINESS OR IND T.S. Line C.C.	USTRY 11. BIRTHPLACE (SIGNAL  CUMBERLAN  14. MOTHER'S MAIDEN	D, MD.		U.S.A.	OUNTR
	LIN P. HALLER		BERTIE C				
	ER IN U. S. ARMED FORCES? 1 (If yes, give war or dates of service)	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	INFORMANT MEMORIAL HOSPA		Address CUMBERLAN	D, MD.	
0	the under- DUE TO	S CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERA	MINAL DISEASE CON	IDITION GIVEN IN P	ALT I(0) 19. WAS PERFO	AUTOPS ORMED?
□ OR CONTRIBUTING	AS UNDERLYING 206. D CAUSE OF DEATH MEDICAL EXAMINER	ESCRIBE HOW INJURY OCCURI	RED. (Enter noture of injury in	Port I or Port II of	item 1B.)	YES 🗌	NO [
20c. TIME OF INJUI Hour o. m. p. m.	Whi		PLACE OF INJURY (Home, far factory, street, office bldg., e	m, 20f. (City or tov	wn)	(County)	(Sto
21. I certify the	at (I) (this haspital atte		death accurred at 3:	10 PMm the		the date stated	
220. SIGNATURE	f. J.	mous	ALD. ATTENDING PHYS.	MED. STA			b. DATE
22c. PHYSIČIAN'S NAME (Type)	DR. W.F.WILLIA			NTRE ST.,		L	
REMOVAL (Specify	10/16/60	Hillerest	Buriet 14	Cumi	City, town, or county	mol	te)
4. FUNERAL DIRECTOR	Clery On	ADDRESS V	250. REC	JUL 1 8 '60	25b. REGISTRAR'S	SIGNATURE  1 S. Krana	

its after death. Page 4 may be Jined by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave cargon papers. Pages 1 and 2 shauld be filed with the State Board of Health priar to burial, cremation, or remayal, and in any event, within 72 haur after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HOSE VR A15 (4) 15M 9/59

MULEUM P TORRES AND STATE SM THE REPORT OF THE REPORT OF THE PROPERTY OF THE PARTY OF THE PARTY. I was a second of the second of the second Lander I an deservice 1000 10

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 7533

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		CE	RTIFIC	ATE	OF	DEA	HTA

1. PLACE OF					2.	USUAL RESIDENCE	E (Whe	ere deceased liv		n: Residence b	efare admi	ssion)
a. COUNT		Allegar	ıy	MARYLA	ND	o. STATE Maj	ry l	and	b. COUNTY	Alle	gany	
	R TOWN (If	outside corporate limi	its, write c	LENGTH OF STAY IN	16	c. CITY OR TOW	N (If ou	utside corporate	limits, write RI	JRAL and give	nearest tow	vn)
-	mber			6/22/60		O Cur	nbe	rland				
		L (If not in hospital, g	give street ad	dress)		d. STREET ADDR					e. IS RE	SIDENCE
OK INS	A	llegany (	county	y Infirma	ry	819	5 S	hriver	Avenu	10		NO.
3. NAME OF DECEASED		Fi	rst	Middle		Last	15	4. DATE OF	Mon		Day	Yeor
(Type or p		Flor	rence	Mae		Hartma	an	DEATH	July	T	2,	1960
5. SEX		6. COLOR OR RACE	7. MARRIE	NEVER MARRIED	В. С	DATE OF BIRTH		9.	AGE (In years	Months Day	-	1
Femal		White	WIDOWED	DIVORCED [		5/2/1878	3		lost birthdoy) 82 yrs.	Monins Day	rs nours	Min.
10a. USUAL C	OCCUPATION	(Give kind of working life, even if retired	done 10b. KII	ND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE	(State o	or foreign count	'ry)	12.CITIZEN	OF WHAT	COUNTRY?
Retir	9	Register	9	rse		Cumber	rla	nd, Mar	yland	U.	S.	A .
13. FATHER'S					1	4. MOTHER'S MA	DEN N	AME				LAN
	I	Ernest Ha	artmai					lmina	_			
15. WAS DEC		IN U. S. ARMED FOR				RMANT P.O.				ess Cumb		nd, Md
No No	own) (II	yes, give war or dates of s		lone	Alle	egany Co	oun	ty Inf	irmary	Reco	rds	
18. CAU	SE OF DEAT	H [Enter only one co	use per line	fas(a), (b), and (c).]						11	NTERVAL E	BETWEEN
P.	ART I. DEAT	H WAS CAUSED BY:	CA	Gonice?	n	want	ea	e du	41111	rates	JINSET AIN	, /-
1 4	13	DUE TO		0	7	2 20	1-	- 9	0		12115	~
Condit	ians, if on	y, which ) (b	16	rereter	al	an	C	rob	cles	oses		-
	rise to im  o), stating th	mediate (	,	1 -	11	1 1	,	Lal	1			2
lying co	ause lost.	) (c	)	ronce	Va	well	an	Thec	upp	escas	1	
Z P.	ART II. OTHE	R SIGNIFICANT CON	IDITIONS CO	NTRIBUTING TO DEATH	H BUT NO	T RELATED TO THE	TERMI	NAL DISEASE C	ONDITION GIV	EN IN PART 1(c	19. WAS	AUTOPSY ORMED?
NOTED		0	euc	le De	te	rour	N	hoos			YES [	
15 00 100	IDENT WAS	UNDERLYING A	20b. DESCR	IBE HOW INJURY OCC	URRED. (	Enter noture of inj	ury in P	ort I ar Part II	of item 1B.)			
O (IF EITHE	R, NOTIFY A	MEDICAL EXAMINER)										
S 20c. TIME		Month, Doy, Ye				OF INJURY (Homy, street, office bld			town)	(Caur	nty)	(State)
20c. TIME	p. m.	19	While of work [	Not while at work	Idelot	y, street, office bid	g., erc.	'				
		(I) (this basnita	I) attender	d the deceased fr	- 6	/22/60	10	107/	2/60	10	that (I)	(we) last
		ed alive an 7/	1/60	19 , and th		@ 6:45	A.N	from the				
22o. SIGI		O dilve dil 1.Z.	7,00	17 , and tr	iai aea	in accurred a		ivi, from m	e causes an	a an ine a		22b. DATE
		Xx	- 7	· 20%	AWE	ATTENDING PHYS.	ME	D.	STAFF PHYS.	7	10 1	SIGNED
22c. PHY	SICIAN'S	rance .	2 0	7/1	uy	22d. ADDRESS	DII	KECTOK AL	тиз. ца		1-1	00
NAM	AE (Type)	Dr. Jame	SE.	McLean		49 Gr	en	e St.,	Cumbe	rland	, Md	
23a. BURIAL,	CREMATION	I, 23b. DATE THERE	OF :	23c. NAME OF CEMETE	ERY OR C	REMATORY		23d. LOCATIO	N (City, town,	or caunty)	(St	ate)
	(Specify)	7/5/60		St. Luke's		otown		Cumber		Marrian	ha	
24. FUNERAL		SIGNATURE		ADDRESS	_uen		REC'E	BY REGISTRA		TRAR'S SIGNA	ATURE	7
Ruth	E. Si	look Can	mberla	nd Marvla	and	DA	TE JU	L 5 '60	ن	unes & Th	hous	
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	r					NT OF HEAL			18 ()	752 st. No.	7
	PLACE OF DEATH	Allegany		MARYL	AND	2. USUAL RESIDENCE a. STATE V 1	(Where decear			eder	
1	cumber l	and	RURAL	c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN Winch		porate limits, write	RURAL and	give neore	il town)
-	D. O. A			ital, give street oddress Sp.	)	d. STREET ADDRESS	-	oudoun	St.,		IS RESIDENCE ON A FARM?
3.	NAME OF DECEASED (Type or print)	JOH!		Middle Franklin		toni HIMES	4. DATE OF DEATH	Mon Ju		Doy 15,	Year 1960
	Male	White	WIDOWED		3 4		1883	9. AGE (In years lost birthday) yrs.		-	UNDER 24 HRS.
]	Retired o	N (Give kind of work of life, even if retired)	B.	E O. RWY	DUSTR	Maryla	nd	ountry)			A .
15.	WAS DECEASED EVE	R IN U. S. ARMED FOR		OCIAL SECURITY NO.	17. IN	Jane We FORMANT		Addres	Win	ches	ter. Va
{Yes	No,	(If yes, give war or dates af :  H [Enter only one cou	1/1	0-09-5010	Mr	s. Fred L	. Hime			Loud	oun St.
	PART I. DEATH	WAS CAUSED BY:	e per ime ic	Coronary	0 (	cclusion				INTERVAL I	edden
	Conditions, if an gave rise to immedi	ofe cause		Coronary	S	clerosis					3
CATION	PART II. OTHE	) (c). ER SIGNIFICANT CONE	ITIONS CON	NTRIBUTING TO DEATH	BUT N	OT RELATED TO THE TER	MINALDISEAS	E CONDITION GI	VEN IN PART	1(o) 19. W	ERFORMED?
CERTIFICATION	20a. EXTERNAL CAUS PRIMARY ☐ or CON CAUSE OF DEATH.	SE WAS TRIBUTING []	. DESCRIBE	HOW INJURY OCCUR	ED. (En	iter noture of injury in P	ort I or Port II	of item 18.)			
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Y Month, Day, Yea	20d. IN While at work	Not while	PLAC factor	E OF INJURY (Home, for ry, street, office bldg., e	orm, 20f. (City	y or lown)	(Cou	nty)	(Stote)
			-	, Accident ,		re, held an Autap ide, Homicia		nspectian 🗓 ndetermined		y 🔯 a	nd find that
	ACTUAL SIGNATURE	enedie	ts	ketarel	را	M.D. CHIEF MEDICAL	_			DA	TE SIGNED
	MANUE (1) pe)			relic M.	D.	DEPUTY MEDICA	L EXAMINER {	3		7/15	/60
220	BURIAL CREMATION REMOVAL (Specify) Burial	July 18	1960	Rrowns		REMATORY		TION (City, town,			(Stote)

ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE PLAND. Md. JUL 18 60 24b. REGISTRAR'S SIGNATURE PLAND. Md.

DATE

VS. A15ME(5) 5M 9/55

BUTIAL JULY
23. FUNERAL DIRECTOR'S SIGNATURE

Wayne George

Cumberland, Md.

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				TEAN AMARAG	
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MINIMARKE.					
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	Charles Live				
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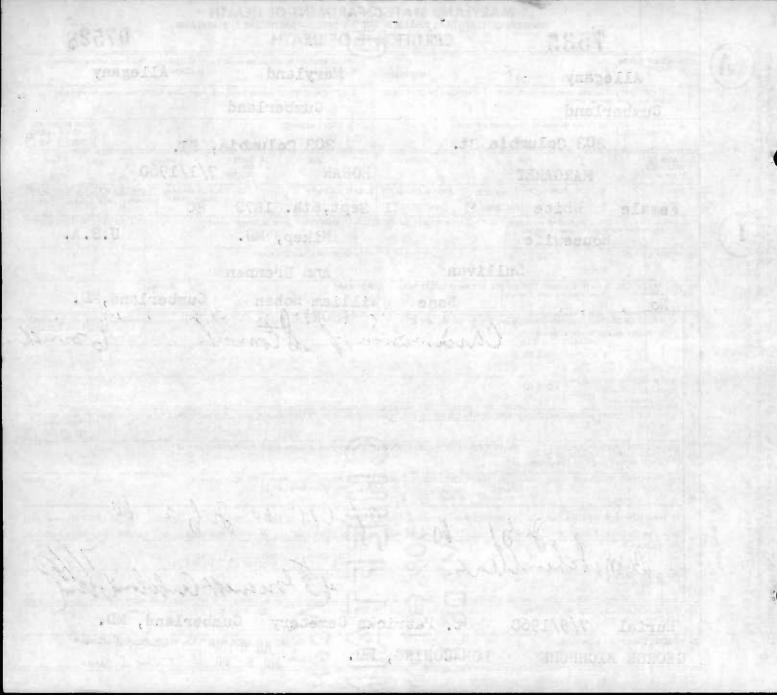
VR A1S (4) 1SM 9/59

72 bours ofter death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

7535

	4 17 17								
1. PLACE OF DEATH a. COUNTY	gany		MARYLAND	2. USUAL RESIDENCE O Maryla		b. COUNT	n: Residence befo llegany	re odmissi	on)
b. CITY OR TOWN (I RURAL and give no Cumber		ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corpo erland		JRAL and give ne	arest town	)
	'AL (If not in hospitol, g			d. STREET ADDRESS					FARM2
	303 Colu	nbia	St.	303 C	olumbi	a, ST.		YES	NO []
3. NAME OF DECEASED (Type or print)	MARGARE		Middle	HOBAN	4. DATE OF DEATH	7/1/19	80	,	ear
S. SEX	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIED	B. DATE OF BIRTH	0.0	9. AGE (In years lost birthdoy)	IF UNDER 1 YEAR	1	
Female	White	WIDOW	at.	Sept.6th.	1879	80 yrs.	Manths Doys	Hours	Min.
10a. USUAL OCCUPATION during most of war	ON (Give kind of work king life, even if retired Housewife	done 10b.	KIND OF BUSINESS OR INDI	JSTRY 11. BIRTHPLACE (SE	the leading	country)	12. CITIZEN O	WHAT C	OUNTRY?
13. FATHER'S NAME				14. MOTHER'S MAIDE	N NAME				4-00
		Sull	ivan	Ann B	renner				
15. WAS DECEASED EVE			SOCIAL SECURITY NO. 17.	INFORMANT		Addr	_		
(Yes, no, or unknown)	(If yes, give war or dates of s	ervice)	None	William Ho	ban	Cumbe	rland,	ID.	
Conditions, if o gove rise to i couse (o), stoting lying couse lost.  PART II. OTH	the under-	)	CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TE	RMINAL DISEAS	SE CONDITION GIV	EN IN PART 1(a)	PERFO	AUTOPSY RMED?
U (IF EITHER, NOTIFY	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter noture of injury	in Port I or Pa	rt II of item 18.)			
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yea	or 20d. It While at wor	_ Not while _ f	LACE OF INJURY (Home, actary, street, affice bldg.,		y ar tawn)	(County)		(Stote)
saw the deceas		aftend 2	led the deceased fram	death occurred at_	1962, to M, from	the couses and			abave.
22a. SIGNATURE  22c. PHYSICIAN'S NAME (Type)	1 thin	ile	V	M.D. ATTENDING PHYS.  22d. ADDRESS	MED. DIRECTOR [	STAFF PHYS	elny,	7/11	DATE
23a. BURIAL, CREMATIC REMOVAL (Specify) Burial	7/5/196	OF O	St. Patric	or crematory cks Cemete	cy Ci	TION (City, town, oumberlan	id, MD.	(State	e)
24. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS	2So. F	EC'D AY REGIS	TRAO 256. REQUIS	TRAKSTSIC NATIO	INGILA	
GEORGE E	CICHHORN		LONACONING,	MD . DATE	JUL 6 '	60 a	Thung S. tra	ud	



urs ofter death. Page

LOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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		7	568		CERTIFICA	ATE OF	DEATH			0104	J
7	1. [	COUNTY	llegany		MARYLAND	2. USUAL R o. STATE		ere deceased lived.	and the same of the same of	sidence before o	
	ŀ	RURAL and give	(If outside corporate liminearest tawn) Frost		NGTH OF STAY IN 16	c. CITY C	OR TOWN (If or Midl	utside corporote lim	its, write RURAL		
		d. NAME OF HOSP OR INSTITUTION	Miners H			d. STREE	T ADDRESS				S RESIDENCE ON A FARM? ES NO
1		NAME OF DECEASED (Type or print)	Cora		Middle B.	Hoov	er er	4. DATE OF DEATH	Month July	23	Yeor 19 60
1	5. 5	emale	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED	B. DATE OF B	6,1876	lost	birthdoy) Man		lours Min.
	196	. USUAL OCCUPAT during most of wo House	ION (Give kind of work rking life, even if retired WORK	done 10b. KIND (	of Business or Ind Home			or foreign country) 1g, Mary	_	U.S	
	13.	FATHER'S NAME	UNKNOWN				ER'S MAIDEN N	NKNOWN			
	15. (Yes	WAS DECEASED EV b, no, or unknown)	ER IN U. S. ARMED FOR (If yes, give war or dates of s	ervice)	security No. 17.	Mrs. S	ylvia	Keller	Address RFD	1 FROS	TBURG
			immediate (	Care	end v	ascul	laro	eccida	st		AL BETWEEN AND DEATH  SULY  COLS
	Z	couse (o), stating	the under- DUE TO	Deal	BUTING TO DEATH B	nelle Jt not related	to the termi	NAL DISEASE CON	DITION GIVEN IN	2 PART 1(0) 19.	was autops
)	CERTIFICATION	20a. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIF	/AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE H	HOW INJURY OCCUR	RED. (Enter notu	re of injury in f	Port I or Part II of i	tem 18.)		PERFORMED? ES NO
	MEDICAL	20c. TIME OF INJU Hour o. m p. m	IRY Manth, Day, Ye	While N		PLACE OF INJUI foctory, street, o		, 20f. (City or tow	rn)	(County)	(Stot
1			ot (I) (this hospito		ne deceosed from	deoth occur	rred of $9p$		ause ond an		(I) (we) lo tated obov 22b. DATE SIGNI
1		22c. PHYSICIAN'S NAME (Type)	L. R. MIL	ESUF	2. M. D	22d. AC		Ser	acon	ing	md
7	230	BURIAL, CREMATI	ON, 23b. DATE THEREO	60 1	NAME OF CEMETERY		etery		e Summ	it	(Stote) Md.
V	24.	FUNERAL DIRECTO	R'S SIGNATURE	,	ADDRESS		250. REC'	D BY REGISTRAR	25b. REGISTRAR	'S SIGNATURE	

(Stote)

22b. DATE SIGNED

that (I) (we) lost

24. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

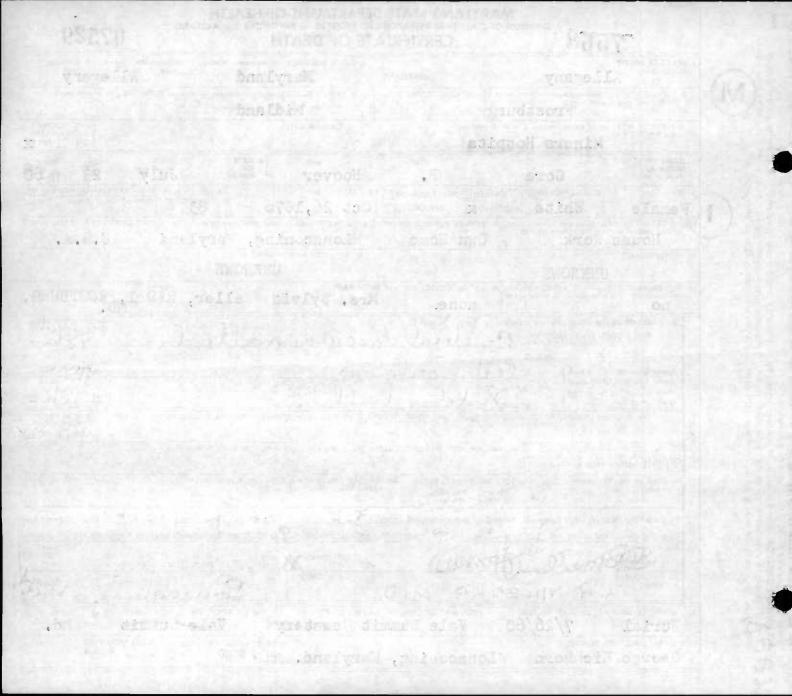
250. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

VR A1S (4) 1SM 9/59

George Eichhorn

Lonaconing, Marylandane JUL 28'60



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH with director Page PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. Slate y Land be filed MARYLAND egany death. b. CITY OR TOWN (If outside corporate limits, write funeral c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) should Cumberland Cumberland d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS 900 E. Oldtown Road Oldtown Road 20 ond 4. DATE OF DEATH NAME OF First Middle Lost DECEASED Hough fille (Type or print) Raymond within 6. COLOR OR RACE 8. DATE OF BIRTH 5. SEX 7. MARRIED T NEVER MARRIED T campletely WIDOWED DIVORCED T popers. Oct. death. Waterford. Virginia Railroad Retired Machinist puo ofter 13. FATHER'S NAME physician Hough Hector certificate haurs 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 705-09-9856 attending No 18. CAUSE OF DEATH [Enter only one couse peraline for (o), (b), and (c).] 0 PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) Py permit. Conditions, if any, which been signed gove rise to immediate DUE TO cosse (o), stoting the underpuo lying cause lost. burial-transit CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter 20c. TIME OF INJURY Month. 20e. PLACE OF II Day, Year 20d. INJURY OCCURRED foctory, street shauld be detached for use o. m While of work of work 21. I certify that I attended the deceased fram alive an and that death accurr DIRECTOR: 0 ACTUAL PHYSICIAN'S the registror Richard

22c. NAME OF CEMETERY OR CREMA

Scarpelli Cumberland . Madd

Hillcrest Bur

220. BURIAL, CREMATION, 226. DATE THEREOF

BREMOYAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

Reg. Dis 0 72.530

Day

IF UNDER 1 YEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

e. IS RESIDENCE

ON A FARM?

YES NO TO

1960

Min.

b. county llegany

Month

July

9. AGE (In years

24,

Months

other's maiden name Sane E. Shoemaker	
NT Address	
Mildred Payne 900 Oldtown	n Road
1.1.	INTERVAL BETWEEN ONSET AND DEATH
Thremboris	Oliverale
eleroin	
ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(o) 19. WAS AUTOPSY PERFORMED? YES NO
oture of injury in Port I or Port II of item 18.)	
NJURY (Home, farm, 20f. (City or town) (Cou	inty) (Stote)
ed at 8:15 M, from the causes and an the ADDRESS (Street, city or town, state)	st saw the deceased date stated above.  DATE SIGNED
entre St. Cumberland, Md.	
ial Park Cumber Land, Md.	(Stote)
240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGN DATEJUL 27'60 Ontlan 2. Ha	

**TO HOSP** TO FUNE VS A15 (4) 15M 9/55

12750-107	ATE OF DEA		
			Permitter
	MINA SHEET A		
		THE SECURIOR STATES	
			CHARLES THE STREET
	ato alcourse		
			Scanned Cathers II.
The second secon			e and the action of the A. C.

1
FOR STATE HEALTH DEPT
TO DEPUZY, MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please executed, certificate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the final director. Page 4 shauld be forworded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be released for your files.  TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Board at Health, ar its designated agent, prior to burial, cremation, ar removal, and in any event within 72 haurs after death.

VS. A15ME 5M 2/57

1. PLACE OF DEATH  O. COUNTY  Allegant  MARYLAND			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE b. COUNTY.					
Allegany MARYLAND  b. CITY OR TOWN 11 outside corporate limits, write RURAL c. LENGTH OF STAY IN 16			Maryland Allegany					
and give nearest lown)			c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
Frostbu			170 years	Frost			Τ	40.000104.100
226 Eas	t Main	If not in hosp	pitol, give street oddress)	d. STREET ADDRES	last Ms	ain		ON A FARM?
3. NAME OF DECEASED (Type or print)	George		Middle	unter Sr.	4. DATE OF DEATH	Month July	Doy 19	Year 19 60
S. SEX				8. DATE OF BIRTH		9. AGE (In years IF UN		UNDER 24 HRS
Male	White	WIDOWED		7-29-1863		last bighday! Mon!	THE RESERVE AND ADDRESS OF THE PARTY OF THE	ours Min.
					lote or foreign (	718.	. CITIZEN OF W	HAT COUNTRY
			IND OF BUSINESS OR INDUS	A				
Retired  13. FATHER'S NAME	Miner	100	oal Mines	Stafford		England	U	S.A.
	Funtan							
Thomas	EVER IN U. S. ARMED FO	RCES? 114	SOCIAL SECURITY NO. 117.	Mary	Foley	Address		2.4
Yes, no, or unknown)	(If yes, give wor or dates of							M
NO NO	None	un nor lies i		lward L. H	unter,	226 E. M	ain, F	rostbu
T TELLINOIS	EATH [Enter only one country on the country of the	ne per me i					ONSET AL	ND DEATH
4	IMMEDIATE CAUSE (6)		Gastric He	morrhage,	Mass	sive	5-	10 Min
-	DUE TO		The state of the					
Gonditions, if	nediate cause		Peptic	Ulcer			(	3)
1	Underlying DUE TO							
(a), stoting the	Andrew Company of the							
cause fost.	) (c)		NIBIBITING TO DEATH BUT	NOT RELATED TO THE TE	PAINIAI DIECA	E COMPITION CIVEL IN	PART VALUE OF	MAC ALLYAND
cause fost.	) (c)		NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEAS	SE CONDITION GIVEN IN	P	ERFORMED?
cause fost.	THER SIGNIFICANT CON	DITIONS CO					PART 1(o) 19. V	ERFORMED?
cause fost.	THER SIGNIFICANT CON  AUSE WAS ONTRIBUTING []	DITIONS CO	NTRIBUTING TO DEATH BUT				P	ERFORMED?
PART II. C	OTHER SIGNIFICANT CON  AUSE WAS ONTRIBUTING   20	DITIONS CO	HOW INJURY OCCURRED.	(Enter noture of injury in	Port 1 or Part 11	of item 18.)	YES	ERFORMED?
PART II. C	OTHER SIGNIFICANT CON  AUSE WAS ONTRIBUTING [] H.  JURY Month, Doy, Yea	DITIONS CO  b. DESCRIBE  20d. II  While	HOW INJURY OCCURRED.  NJURY OCCURRED 26e, PU  Not while		Port 1 or Part 11	of item 18.)	P	ERFORMED?
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PART II. CO  200. EXTERNAL CO PRIMARY OF CAUSE OF DEAT  200. TIME OF IN Hour a P 21. I certify opinion deo  ACTUAL SIGNATURE  EXAMINER'S NAME (Type)  20. BURIAL, CRESPECTOR BURIAL, CRESPECTOR BURIAL, CRESPECTOR  EXAMINER'S NAME (Type)	AUSE WAS ONTRIBUTING DH.  AUSE WAS ONTRIBUTING DH.  BURY Month, Doy, Year that I took charge the resulted from: I selected the selected that I took charge the resulted from: I selected the selected that I took charge the resulted from: I selected the selected that I took charge the sel	DITIONS CO  DESCRIBE  20d. II White of wor  c of the r  Noturol c	NJURY OCCURRED  Not white of work of w	ACE OF INJURY (Home, of tory, street, office bldg., ove, held on Auto  , Suicide ,  M.D. CHIEF MEDICA  ASSISTANT MEI  DEPUTY MEDICA  R CREMATORY	Port 1 or Part 11  form, 20f. (City etc.)  PSy, 1  Homicide  L EXAMINER  DICAL EXAMINER [  22d. LOCA	of item 18.)  y or town)  nspection X, Inc.  Undetermine  X July 1  Tion (City, town, or cour	(County) quiry [7], ed monner D,	(State)  and in m
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PERSONAL DISAMBLES CERTIFICATE OF DEATH where the property of the control of Swelling of mount of the ball of Principal Company of the Company of

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ny is necessary, please exercetar. Page 4 shauld be ta beritato crematian, TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is no cute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fune; trectal forward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your ries.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, File pages 1 and 2 with the registrar prior

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7537 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07532

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Reg.	Dist.	N	0.		

	LACE OF DEATH					2. USUAL RES	DENCE (W	here deced	sed lived. If ins		dence be	fore admi	ssion)
	A1	legany		MARYL	AND		daryl.	and	0. 000		lega	any	
1	ond give nearest town!	outside corporate limits, write	RURAL	c. LENGTH OF STAY IN	4 1P	6 3			rporole limits, wr	rite RURAL or	nd give n	earest to	wn)
-	Cumberlan			DOA			Cumbe	rland	1				
1 9	. NAME OF HOSPITA	L OR INSTITUTION (	f not in ho	spital, give street address)		d. STREET A	ADDRESS					e. IS RE	A FARM?
	THE RESIDENCE OF THE PARTY OF T	art Hos	oital	L			19 Ha	rrisc	n Stree	et			NO [
3.	NAME OF DECEASED	Fin	1	Middle		Lost		4. DATE	Mo	onth	Day	Y	ear
	Type or print)	CAPRIE			- C-	NSON		DEATH	July	2			9 60
5. 5	EX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	8. 1	DATE OF BIRTH	1		9. AGE  In years last birthday)		-		ER 24 HRS.
Ti	emale	White	WIDOWE	DIVORCED	3 0	ct.30.	1888		77 7	Months	Days	Hours	Min.
10a		N (Give kind of work	lone 10b.	KIND OF BUSINESS OR IN				or fareign	country)	12. CI	TIZEN O	F WHAT	COUNTRY
	Housewife		Oi	yn Home		Canor	n Bri	dre.	W.Va.	-	US	A	
13.	FATHER'S NAME					14. MOTHER'S					0.00		
	24.24	20				C			.1				
15	Milton WAS DECEASED EVE	RIN U. S. ARMED FOR	CES2 14	SOCIAL SECURITY NO.	17 1011	FORMANT	h Gos	saw10		17	_		
Yes		(If yes, give war or dates of		SOCIAL SECONITI NO.					Bedfor				
	no .			none	Ch	arles S	Shanh	oltz	Cumber	rland,	Ma	ryla	nd
	18. CAUSE OF DEAT	H [Enter only one cau	e per line	for (a), (b), and (c).]					A STREET		INTE	EVAL BETWE	EN
	PART I. DEATI	H WAS CAUSED BY:		CORONARY	00	CLUSIO	N						Min.
	ALAL	DUE TO						1125					
	Conditions, if on			CORONARY	Y S	TEROST	S						
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	(o), stoting the u	nderlying											
7		) (c).	UTIONS CO	ONTRIBUTING TO DEATH	DIST NO	AT BELATED TO	THE TERM	NIAL DICEAS	E COMPITION A	CIVENTINERA	DV 24-2/2	0 14(46	LITORCY
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S.												YES 🗌	NO 🛣
CERTIFICATION	20g. EXTERNAL CAUSE PRIMARY OF CON CAUSE OF DEATH.	SE WAS TRIBUTING   20	DESCRI8	E HOW INJURY OCCURRI	ED. (En	ter noture of in	jury in Port	1 or Port II	of item 18.)				
3	20c. TIME OF INJUR	Month, Day, Yea	20d.	INJURY OCCURRED 200.		OF INJURY (H			y or town)	(C	ounty)		(Stote)
MEDICAL	Hour a.m. p. m.	19	While of we	e Not while ork at work	factor	y, street, office	bldg., etc.)						
	21. I certify the	at I taok charge	of the	remains described	abav	e, held an	Autopsy	0, 1	nspection 5	, Inqu	ry 😨	, and f	find that
	death resulted	fram: Natural	couses 1	, Accident ,	Suici	ide [], H	amicide	[], U	ndetermined	cause [	٦. 📑		
	/	2 1	, ,	ne ,						_			
	ACTUAL /	Doudio	T.1	Kitabolia	1	M.D. CHIEF M	EDICAL EX	AMINER [	1			DATE S	IGNED
	SIGNATURE	- CARLAS E	75	or agreence)		m.D.	NT MEDICA						
	EXAMINER'S NAME (Type) THE	ENEDICT_SKI	TAREI	LTC. M.D.			MEDICAL E			Y 2.	1960		
220		, 226. DATE THEREO		22c. NAME OF CEMETER					TION (City, tow	n, or county)		(Stole	2)
F	Burial	7/6/60		Zion Memor	ial	Park		Cuml	berland	, Mary	Tan	a	
23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			24a. REC'D	8Y REGIS	TRAR 24b. RE	GISTRAR'S S	GNATU	RE	
Jo	hn J. Haf	er, Cumbe	rland	l, Maryland			DATEJUL	8 '6	0 0	lithun S.	than	A	

VS. A15ME(5) 5M 9/55

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	ntt 2, 186			.0,4.,50	Action Committee

## MARYLAND STATE DEPARTMENT OF HEALTH 7538 CERTIFICATE OF DEATH

07533

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tely filled in by the funeral director,	Pages 1 and 2 should be filed with	er death.	× ()	11/6	
TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director,	page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with	the State Board of Health priar to burial, cremation, or remayal, and in any event within 72 hours after death.			
7					1000

Page 4

rs after death.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

ned by the haspital or attending physician.

TO HOSP

VR A1S (4) 1SM 9/59

1							
	D. COUNTY ALLE	GANY	MARYLA	O. STATE	(Where deceased lived. VIRGINIA	If institution: Reside	ence before admission)
1	RURAL and give neare	utside corporate limits, wri st town) ERLAND	c. LENGTH OF STAY IN  8 DAYS	1b c. CITY OR TOWN PAW P	(If outside carporate lin	nits, write RURAL one	d give nearest tawn)
	d. NAME OF HOSPITAL OR INSTITUTION MEMORIAL	MEMORIAL HOS	PITAL ES.,	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
3	NAME OF DECEASED (Type or print)	First JOHN		KLINE	4. DATE OF DEATH	JULY	26 19 60
S	MALE 6.	ASSESS TO	ARRIED NEVER MARRIED  DIVORCED [			buthdoy) 67 yrs.  E (In years IF UND) Months	ER 1 YEAR IF UNDER 24 HRS Days Hours Min.
11	Oa. USUAL OCCUPATION during most of warking Laborar	life, even if retired)	Ob. KIND OF BUSINESS OR I	W.VA		County	U.S.A.
1:	3. FATHER'S NAME	HN KLINE		14. MOTHER'S MAIDE	A RAINER		
	S. WAS DECEASED EVER IN Yes, no. or unknown) (If y	U. S. ARMED FORCES? es, give war or dates of service)	16. SOCIAL SECURITY NO. 232-I0-2462	/ =	A. Kline,		w. W. Ve.
	Conditions, if any, gove rise to imm couse (o), stoting the lying couse lost.	ediote (	Porons	any arte	ry her	ess ?	Wudden
MOLEAN	PART II. OTHER	SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TO	ERMINAL DISEASE CON	DITION GIVEN IN PA	ART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
CEDTIE	200. ACCIDENT WAS LONG CONTRIBUTING (IF EITHER, NOTIFY ME	CAUSE OF DEATH	DESCRIBE HOW INJURY OCC	URRED. (Enter nature of injury	y in Part I or Port II of	item 18.)	
A DI CAN	20c. TIME OF INJURY Hour o. m. p. m.	w	d. INJURY OCCURRED hile Nat while wark ot work	e. PLACE OF INJURY (Home, foctory, street, office bldg.,		vn)	(County) (State
	21. I certify that (	1. 7/	ended the deceased fr	am 1-19-	1900, to /-		he dote stoted above
	22a. SIGNATURE	1 0	*	ATTENIDING		er	
		W.F.WILLIAM	Mian	ATTENDING THYS.  22d. ADDRESS	MED. STA	_	7->7-6

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or . Per Par, N. Te.		1045-01-308	I.W.W GOY
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rs after death. Page 4

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

#### MARYLAND STATE DEPARTMENT OF HEALTH

ON OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND	A) Phy Per
CERTIFICATE OF DEATH	075

	7539 DIVISION	OF STATISTICAL RESEARCH A				LAND	0	753	4
1. PLACE OF DEATH a. COUNTY	LLEGANY	MARYLAND	a. STATE WES	T VIE	RGINIA	. COUNTY	MINE	RAL	Y
RURAL and give p		22 HRS 40 MIN			autside carporate lin	nits, write RL	JRAL and give n	earest tawn	}
d. NAME OF HOSPIT OR INSTITUTION MEMORIAL	TAL (If not in hospital, give str MEMORIAL HOS & WARWICK AV	SPITAL ES	d. STREET A	DDRESS		85	5x-3		PARM?
3. NAME OF DECEASED (Type or print)	First Infa	Middle nt	Lo:	ASE	4. DATE OF DEATH	Mant			rear 19 60
S. SEX FEMALE		ARRIED NEVER MARRIED X	8. DATE OF BIRT		9. AG	E (In years birthday) yrs.	Months Days	-	R 24 HRS
	ON (Give kind of wark dane 1 king life, even if retired)	0b, KIND OF BUSINESS OR INDU			ar fareign country) AND, MARY	LAND	12. CITIZEN	OF WHAT C	OUNTRY
13. FATHER'S NAME	COLIN DALE	LEASE	14. MOTHER'S		NAME ELLEN DA	VIS			
	R IN U. S. ARMED FORCES? (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO. 17. I	NFORMANT MEMORIAL	HOSE	PITAL, CUME	Addr. BERLAN		1	
Conditions, if a gove rise to i cause (o), stoting lying couse lost.	mmediate (								
200. ACCIDENT W		NS <u>CONTRIBUTING TO DEATH</u> BU DESCRIBE HOW INJURY OCCURRI					EN IN PART 1(o)	PERFO	AUTOPSY RMED? NO
20c. TIME OF INJUR Haur a. m. p. m.	w w	d. INJURY OCCURRED 20e. Pl hile Nat while wark at work	LACE OF INJURY	e bldg., et	0	vn)	(Caunty	()	(State
saw the decea	111111	ended the deceased fram.	0 11		001, AMbm the c	auses and			abave
220. SIGNATURE	MANA	odges	M.D. ATTENDIN	D	AED. STA	KFF YS.	25	226	SIGNE
22c. PHYSICIAN'S NAME (Type)	W. R. Hoges		22d, ADDR		erland, Ma	d.			
23a. BURIAL, CREMATIC REMOVAL (Specify Burial		23c. NAME OF CEMETERY C	OR CREMATORY		23d. LOCATION (		w. Va.	(State	e)
24. FUNERAL DIRECTOR		ADDRESS Keyser, W.	Va.	25a. REC	D BY REGISTRAR		TRAR'S SIGNAT		

TO HOSP VR A15 (4) 15M 9/59 Nova

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UTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours ofter death. If any dalay is necessory, please exe-	certificate, writing the word "pending" in pencil in Item 18. Give Poges 1, 2, and 3 to the fune	moded to the Chief Medicol Examiner's Office olong with form PM3. Page 5 may be retained for your riles.	FRAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation,
MIN	ig the	redica	oge 3
EXA.	writin	nief M	DR: Pc
AEDICAL	tificate,	o the Ch	DIRECTO
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY O. STATE b. COUNTY Allegany MARYLAND Marvland Allegany b. CITY OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland. Cumberland. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? Box 472 Winifred Rd. Box 472 Winifred Rd. YES NO X 4. DATE Year DEATH 20. (Type or print) July 1960 CLARENCE DEWEY LECHLITER 9. AGE |In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. lost birthday) White Male WIDOWED | DIVORCED T Feb. 1899 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Kelly-Tire Co. Tire dispatcher Mineral Co. W. Va. U. S. A. 14. MOTHER'S MAIDEN NAME Mary C. Largent 16. SOCIAL SECURITY NO. 17. INFORMANT Address Cumb. Rd. Md. Mrs. Myrtle Lechilter Box 472 Winifred 214-07-0699 INTERVAL BETWEEN ONSET AND DEATH 10-15 Min ASPHYXIATION IMMEDIATE CAUSE (a) **DUE TO** STRANGULATION **DUE TO** HANGING

13. FATHER'S NAME Emmor T. Lechliter 15. WAS DECEASED EVER IN U. S. ARMED FORCES? No. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 🔲 NO A 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour a.m. Not while at work ot work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry A, and find that Accident , Suicide X, Hamicide , Undetermined cause death resulted fram: Natural causes ... DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** 20. 1960 DEPUTY MEDICAL EXAMINER X JULY NAME (Type) BENEDICT SKITARELIC. M. D. 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) Burial 23/60 Hillcrest Burial Park Cumberland, Maryland ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

Cumberland, Md.

A15ME(5)

Charles L. George

NAME OF

DECEASED

DATEJUL 2 2 '60

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7541 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. 0.7536

1. PLACE OF DEATH a. COUNTY	Allegany	MARYLAND	2. USUAL RESIDENCE o. STATE Mary	(Where deceased lived. If b. C	OUNTY A -	nce before admission)
	(If outside corporate limits, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	If outside corporate limits	, write RURAL and	give nearest tawn)
	erland	16 hrs	Cumbe	erland		
d. NAME OF HOSP	ITAL OR INSTITUTION (If not in		d. STREET ADDRESS	Fort Avenue		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF	First	Middle	Lost	4. DATE	Month	Day Year
(Type or print)	HERMAN		ITTLE	OF DEATH Ju		19 60
5. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED   B	DATE OF BIRTH	9. AGE (In lost birthdo		YEAR IF UNDER 24 HRS.
Male	White WIDO	WED DIVORCED	May 16. 190		yrs. Manths [	Days Hours Min.
10g. USUAL OCCUPAT	ION (Give kind of work done 10	6. KIND OF BUSINESS OR INDUST				EN OF WHAT COUNTRY
	ing life, even if retired)  d Brakeman F	& O Railroad	Combanlas	. d. Manuellan	3 77	CA
13. FATHER'S NAME	d Brakeman   F	& O Railroad	14. MOTHER'S MAIDEN	nd, Marylan	1 0	SA
	S H. Little VER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. IP	Mary Ann		177	
(Yes, no, or unknown)	(If yes, give war or dates of service)	M A			dfort Av	
no		105-07-95/2Mr	s. Mary P.	Little Cum	berland,	Maryland
	ATH [Enter only one cause per I ATH WAS CAUSED BY:	ine for (a), (b), and (c).]  CORONARY	OCCLUSION			INTERVAL BETWEEN ONSET AND DEATH 5 Hrs.
420	IMMEDIATE CAUSE (a)	001101112112	0002032011			/0 O III 50
1000	DUE TO	CODOM	INV CCI PROC	TC		
Candilians, if		CORONI	ARY SCLEROS	12		
gave rise to imm (a), stating the						
cause last.	(c)					
PART II. OT	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TER	MINAL DISEASE CONDITIO	N GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	ONTRIBUTING []	RIBE HOW INJURY OCCURRED. (E	nter nature of injury in Po	ort I or Port II of item 18.)		
20c. TIME OF INJI Hour a. m p. m	. W	Od. INJURY OCCURRED 20e. PLAC /hile Nat while factor work at work	CE OF INJURY (Home, far ory, street, affice bldg., et	rm, 20f. (City or town)	(Cour	nty) (State)
21. I certify	that I took charge of th	e remains described aba	ve, held an Autap	sy , Inspection	Inquiry	, and find that
death resulte	d from: Natural causes	Accident , Suid	cide  Homicid	le 🔲 Undetermin		
00011111000110	0	0.1		ic, onderen		
ACTUAL SIGNATURE	Benedict.	Sketarelie				DATE SIGNED
EXAMINER'S NAME (Type)	BENEDICT SKITA	RELIC, M.B.		CAL EXAMINER   L EXAMINER    K	AUG.	" 2, 1960
220. BURIAL, CREMATI	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City,	tawn, or county)	(State)
REMOVAL (Specification)		Greenmount Cer	metery	Cumberlan	d, Maryl	and
23. FUNERAL DIRECTO		ADDRESS			REGISTRAR'S SIG	
John J. H	afer, Cumberla	and, Maryland	DATE	AUG 3 '60	Circhan &	Kraus
			DAIL .			

VS. A15ME(5) 5M 9/55

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# TO HOSPEL OR ATTENDING PHYSICIAN; the ray requirement of the control of the contr

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH O. COUNTY ALLEGANY	Market I		MARYLA	AND	2. USUAL RESIDENCE (VO. STATE MARYLAND	Where decease	b. COUNTY	on: Residence		dmission)
RURAL ond give no		its, write	c. LENGTH OF STAY IN		c. CITY OR TOWN (I		orate limits, write R	URAL ond giv	ve nearest	town)
CUMBERLAN			by year	S	CUMBERLAND		Use	4	1	
OR INSTITUTION	MEMORIAL I	HOSPI	TAL		d. STREET ADDRESS	E STRE	ET /			RESIDENCE ON A FARM?
3. NAME OF	MEMORIAL,	AVE NO	Middle Middle		Lost	4. DATE	Mon	ıth	Day	Yeor
(Type or print)	MAI	RTHA	E.		LOGSDON	OF DEATH	JUL	Y 1	11	19 60
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED		B. DATE OF BIRTH		9. AGE (In years lost birthday)			UNDER 24 HRS
FEMALE	WHITE	WIDOW	ED DIVORCED		JANUARY 7. I	882	78 yrs.	Months [	Days He	ours Min.
10a. USUAL OCCUPATIO	ON (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUS			country)	12. CITIZ	EN OF WH	HAT COUNTRY
Housewi	i e		Own home		MARYLAN	ID		U.	S.A.	
13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
	MXKHX HEI	NRY N	IICHEL		ANNA GE	ARY				05.0
15. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FOR (If yes, give war or dates of s		SOCIAL SECURITY NO.		FORMANT		Add			
No			None	ME	EMORIAL HOSP	TTAL,	CUMBERLAN	ID, MAF	RYLAN	0
			ne for (o), (b), and (c).]				OF THE S	1.00	INTERVA	AL BETWEEN
PART I. DEA	TH WAS CAUSED BY:	Hem	orrhage						2	and DEATH
581	O DUE TO									
Conditions, if o		Rup'	ture esophag	geal	. varices	2 5 10		15 112	3	yrs.
gove rise to i	the under- DUE TO									
lying couse lost.			rhosis of li						?	
PART II. OTH				- // -	NOT RELATED TO THE TER	MINAL DISEAS	SE CONDITION GIV	EN IN PART	1(o) 19. V	VAS AUTOPSY ERFORMED?
Repeate		,	several year						YE	s NO
(IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED	). (Enter noture af injury i	in Port I or Po	rt II of ilem 1B.)			
20c, TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Ye	While			CE OF INJURY (Home, for tory, street, office bldg., o		y or town)	(Co	unty)	(Stote
21. I certify that					July 9					
220. SIGNATURE		Jac	26-		ATTENDING	MED. DIRECTOR	STAFF	5/-0	10.	22b. DATE SIGNET
22c. PHYSICIAN'S		1			22d. ADDRESS	DIRECTOR [	rn13. [_]	1/12/	60	
MAME (Type)	DR. 8. M.	JACO	BSON		50 PERSH	ING ST	., CUMBER	LAND,	MD.	
23a. BURIAL, CREMATIO REMOVAL (Specify)	July 14		23c. NAME OF CEMET		s Cemetery		mberland,			(Stote)
24. FUNERAL DIRECTOR Byron	s signature Kight	Cumb	ADDRESS Derland, Md.		25a. RE	C.D BA SECRE	TRAB 25b. REGI	STRAR'S SIGN	NATHRE	
					13/16					

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PLACE OF DEATH							
0. 000111.		AAARV: AAIR	2. USUAL RESIDENCE (Who o. STATE		. If instituti		efore admission)
ALLEGAN		MARYLAND	MARYLAND			ALLEC	
b. CITY OR TOWN ( RURAL and give n	If outside corporate limit learest tawn)	s, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate li	mits, write R	URAL and give	nearest town)
CUMBERL		11 DAYS	CUMBERLA	ND			
	TAL (If not in haspital, g	ive street address)	d. STREET ADDRESS	TO COM AT	70		e. IS RESIDENCE ON A FARM?
SACRED	HEART HOSP		1 2T( HEND	ERSON AV	E.		YES NO)
NAME OF DECEASED (Type or print)	JOSE		MCKNIGHT	4. DATE OF DEATH	JULY	hth L	Day Year 19 60
. SEX	6. COLOR OR RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AC	GE (In years		AR IF UNDER 24 HR
MATE	WHITE	WIDOWED K	JUNE 2, 1	.884 7	6 yrs.	Manths Day	
Sales m	king life, even if retired	Dairy	MARYLA	ND Cum		nd, U.	S. A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME			
CHARLES	MCKNIGHT (	DECEASED)	REGINA 1	Wagner	MY L		
Yes, no. or unknown)	R IN U. S. ARMED FOR	CES? 16. SOCIAL SECURITY NO.	INFORMANT	13313 D	auphid	ione St.	., M
No,	for heat the season of the	214-05-5059	Mrs. M. DeSa	les Bec	ker	Silver	Spring
Canditions, if a gave rise to cause (o), stating lying couse last.	mmediate DUE TO	0	enc Car	cinokis			
PART II. OT  200. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	HER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMI	NAL DISEASE CON	IDITION GIV	VEN IN PART 1(a	19. WAS AUTOPS' PERFORMED? YES NO
	AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in t	Part I or Part II of	item 1B.)		
Hour a.m.	RY Month, Day, Yea	or 20d. INJURY OCCURRED 20e. While Nat while at work at work	PLACE OF INJURY (Hame, farm factory, street, office bldg., etc.	20f. (City or to	wn)	(Coun	nty) (Stot
p. m.							
21. I certify to alive on	hot / attended the	fey and that dea	, 19 60 , to		causes or	nd on the do	DATE SIGNI
21. I certify to alive on  ACTUAL SIGNATURE PHYSICIAN'S	EO H. LEY,	JR. 22c. NAME OF CEMETERY		M, from the ADDRESS (Street, CENTRE S	causes or city or town,	nd on the do	D,MD.

TO HOSF OR ATTENDING PHYSICIAN: The law requires that the actinities be executed by the haspital at attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director,

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, after death. the registron priar ta burial, crematian, ar remaval, and in any event with

VS A1S (4) 1SM 9/SB

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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07539

**CERTIFICATE OF DEATH** Reg. Dist. No.

o. COUNTY Allegany	MARYLAND	a. STATE Marvla	h COUNTY	n: Residence befare admission) Allegany
	c. LENGTH OF STAY IN 16	0	tside corporate limits, write RU	
RURAL and give nearest town)		Frostbu		
d. NAME OF HOSPITAL (If not in hospital, give street go	25yrs	d. STREET ADDRESS	1.8	e, tS RESIDENCE
OR INSTITUTION			7 Olmook	ON A FARM?
32 Beall St. (residen	.ce)		1 Street	YES NO [].
3. NAME OF DECEASED (Type or print) SADIE	Middle  LILLIAN MI	EEKHAM	4. DATE Month OF 7	Day Year 4 19 60
5. SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED	8. DATE OF SIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.
FI WIDOWED	DIVORCED	3-19-1894	66 yrs.	Manths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. K	IND OF BUSINESS OR INDU	JSTRY 11. 8IRTHPLACE (State a	r fareign cauntry)	12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired)  Clerical  Gov	ernment	St.Regis	Falls. N.Y.	U.S.A.
13. FATHER'S NAME	GITIMETE	14. MOTHER'S MAIDEN NA		0 8 20 8 21 8
		777 3 1- 3 4-	la Tuma ala	
Hofer Stafford Meekha		Elizabet	Addre	" Frostburg Md
(Yes, no, or unknown) (If yes, give war or dates of service)				
No None		iss Pearl Ne	ff, 32 Beal.	
18. CAUSE OF DEATH [Enter only one cause per line	far (a), (b), and (c).]	(15. O)	11/3	ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Mocasi	wat me	HI L. C.C.	2. 6 200
DUE TO	1 121	1-0	7 1	14
Canditians, if any, which ) (b)	NIN KOLA	malle	MUSmay	dello 110ass
gave rise to immediate cause (a), stating the under-	Trool			9
lying cause last.				a de la companya de l
PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH 8U	T NOT RELATED TO THE TERMIN	AL DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NOV
20a. ACCIDENT WAS UNDERLYING 20b. DESCR	IBE HOW INJURY OCCURRI	ED. (Enter nature of injury in Pa	ert I ar Part II af item 18.)	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	URY OCCURRED   20e. P	LACE OF INJURY (Hame, farm,	20f. (City ar tawn)	(Caunty) (State)
Hour a.m. p. m. 19 While at wark	1401 WILLE	actory, street, affice bldg., etc.)		
	Cini	/ 10 13	100 10 -10	
21. I certify that attended the deceased	1	, 19/d/, ta	1966st	hat I last saw the deceased
alive an 12/2	and that deat			d an the date stated above.
1 10 Avnd	P	A	DDRESS (Street, city or town, s	pare signed
ACTUAL SIGNATURE	Hone	M.D.	BI Hour	Ch July
PHYSICIAN'S MAME (Type)	ane m	20	mal/	11960
22a. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (City, town, a	r county) (State)
Burish 7-6-60 Fi	costburg Me	morial Park	Frostburg	Tall to
101	uncertal Hom		BY REGISTRAR 246. REGIS	TRAR'S SIGNATURE
70 0 / / 10 7		burg Md PATE		
William 18 Current DO E. II	Tall, - FOSU	Date Malbyie	11 '60 Cm	lug S. Frank

TO HOSP COR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 as after death. Page 4 may be clined by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2 should be filled with page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. the registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs after deaths.

VS A15 (4) 1SM 9/S8

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7544 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 0754()

1.	PLACE OF DEATH	Allegany		MARYLANI	O STATE	SIDENCE (V		d lived. If Institu	Y	egan	
	and give nearest town)	outside corporate limits, writ	e RURAL	c. LENGTH OF STAY IN 18	c. CITY O	R TOWN (II	f outside corp	orote limits, write		-0	
	umberland	L OR INSTITUTION	16 . 1		1 55555	Cumbe	rland				10.0501051105
1	I NAME OF HOSPITA	IL OK INSTITUTION (	it not in	hospital, give street address)		ADDRESS				e.	IS RESIDENCE ON A FARM?
	Memorial F	lospital			19 Vi	rgini	a Aven	ue		YI	ES NO DO
3.	NAME OF DECEASED	Fir	st	Middle	Lo	ist	4. DATE	Montl	h	Day	Year
	(Type or print)	Fred		Hazelle	Mellot	te	DEATH	July		7	19 60
5. 5	SEX	6. COLOR OR RACE	7. MAI	RRIED NEVER MARRIED	B. DATE OF BIRT	тн		9. AGE (In years	IF UNDER 1	YEAR IF	UNDER 24 HRS.
	Male	White	WIDON	WED DIVORCED	May 25	,1894	20/11	66 yrs.	Months D	ays Ho	ours Min.
10a	. USUAL OCCUPATIO	N (Give kind of work	done 10t	. KIND OF BUSINESS OR INDU				untry)	12. CITIZE	EN OF W	HAT COUNTRY
	during most of working			Com of Amonda		7.7 77				TT 6	.55
13	Machinist FATHER'S NAME	, - Celar	iese	Corp of Americ	14. MOTHER	WV				U.S.	8.0
13.											
		n Mellotte				ce Ha	yes				
		R IN U. S. ARMED FO (If yes, give war or dates of		16. SOCIAL SECURITY NO. 17.	INFORMANT			Address			ia Ave,
	No			705-05-4795 M	rs. Esth	er Me	llotte		Cumbe	rlan	d. Md
	18. CAUSE OF DEAT	H [Enter only one cou	se per li	ne for (o), (b), and (c).]						INTERVAL	BETWEEN
		H WAS CAUSED BY:		Bronchoge	nic Care	oi nome	12			ONSET AN	
	115	IMMEDIATE CAUSE (o)		DI OIICIIOGE	nic var	TIMING	Si.				mo.
	Do	DUE TO							100	7	
-	Conditions, If an		)								
	(o), stoting the u								0.00	7	
1	couse lost.	) (c)									
NO	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO	O THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART		VAS AUTOPSY ERFORMED?
Y	75 THATA										NO
CERTIFICATION	20g. EXTERNAL CAU PRIMARY G or CON CAUSE OF DEATH.	SE WAS	b. DESCI	RIBE HOW INJURY OCCURRED.	(Enter noture of	injury in Por	t I or Part II o	of item 18.)			
3	20c. TIME OF INJUR	Y Month, Day, Yes	or 20		ACE OF INJURY			or town)	(Coun	ty)	(State)
WEDICAL	Hour o.m.	19		IIII'E INOI WINIE	ctory, street, offic	bldg., etc.	1				
Z	p. m.			work ot work			ix	Y		×	
	21. I certify th	at I took chorge	of the	e remains described ab	ove, held a	n Autops	y A, In	spection X,	Inquiry	<b>X</b> , 0	nd find that
	death resulted	from: Noturol	causes	Accident , S	uicide 🔲, 🗆	Homicide		determined o	ouse .		
	/	7	1	11 1-	1						
	ACTUAL 7	emoder	+	Sketarely	AL CHIEF	MEDICAL EX	KAMINER [			D/	ATE SIGNED
	SIGNATURE	cricina		The same of the sa		ANT MEDIC	AL EXAMINER		7/7/6	0	
	EXAMINER'S NAME (Type)	Benedict Sl	dta	relic MD			EXAMINER X		,,,,		
220	BURIAL, CREMATION	N. 122b. DATE THEREC	)F	22c. NAME OF CEMETERY C				ION (City, town,	or county)		(Slote)
	REMOVAL (Specify)	1 11					1		26	.7	3
22	FUNERAL DIRECTOR'S	7/9/60		Hillcrest Bu	rial Par			erland	Mar	ylan	a
23.				the many that the same of			D BY REGISTR		orthur S.	Thous	
	Ruth E. S	ilcox (	rumbe	erland Maryl	and	DATE J	UL 11 '6	60 C	JULIAN D.	, , , , , , , , , , , , , , , , , , , ,	

VS. A15ME(5) 5M 9/55

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1. PLACE o. COU	OF DEATH	Allegany	r	MARYL	AND	2. USUAL RESID	ary.	here deceased	lived. If instituti b. COUNTY	on: Residence be	
RUR/	OR TOWN (III	f outside corporate limi orest town) Land	ts, write	8./8/56	N 1b		_	outside corpor	ote limits, write R	URAL and give n	nearest town)
	NSTITUTION	Al legany		oddress)  nty Infirm	ary	d. STREET A		Bedfor	d Stree	et	e. IS RESIDENCE ON A FARM? YES NO
3. NAME DECEA: (Type o	SED	Augus		Middle M •		Mille		4. DATE OF DEATH	July		Day Yeor 1960
s. sex	.0	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIED		10/18	1-0-		9. AGE (In years lost birthdoy) 9 yrs.	Months Doys	AR IF UNDER 24 HRS Hours Min.
during	most of work	N (Give kind of work ing life, even if retired Gas Stati Washingt	on A		INDUS	Pen	nsy]		Bedfor		S . A .
1S. WAS D {Yes, no, or no			CES? 16.	social security no.	15-27		0.B	x 599			rland, Mo
Con gov. couse		TH WAS CAUSED BY: IMMEDIATE CAUSE (o  DUE TO  my, which DUE TO	)	Gron	il	e Sh	ry te	Hygodan vio.	osta dite		ITERVAL BETWEEN NSET AND DEATH
ICATION			en	CONTRIBUTING TO DEAT	00	eter	co	ras	CO2	/EN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
WEDICAL CERT	ONTRIBUTING HER, NOTIFY ME OF INJUR Hour o. m. p. m.	19	ar 20d. II While at war	NJURY OCCURRED  Not while of work	20e. PLA foct	CE OF INJURY (I	Home, for	rm, 20f. (City		(Count	y) (Stote that (I) (we) las
22c. P		ed alive an 7/ Dr. Jame	1/60	19, and the McLean		eath accurred	55 1 S X (	MED.	the causes are STAFF PHYS. OX.	nd on the da	te stated abave 22b. DATE 51GNEE
Buria 24. FUNER	AL DIRECTOR			Fellowshi ADDRESS And, Maryla	ip C		r	Bedfo	RAR 2Sb. REGI	-	

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The season		bus Count		Amagalik	
		bun In odea 0	· \ \_r	ismin	cha/D
	d stepsel	roller Jul	eraseilini di	Allegenerator	
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	39			ed Mile	2501
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Ormierini, 60 neceste		Contractor Contractor  Contractor  Cont		Lactinidan)	
	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		A COLOR		
	7/1/60	17:55 at		N.T., 7	
	AND CAR	E omoone (u	Molecu		

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delexerce certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the 4 shourd are forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be related TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State or its designated agent, prior to buriol, cremation, ar removyl—age in any event within 72 hours after death

FO	R S	TAI
HEA	LTH	DE
is necessary, please al director. Page ed for your files.	Board of Health,	

VS. A15ME

8M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 07542 7546 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

									-		
a. COUNTY			***	1	2. USUAL RESIDENC		sed lived. If institu	Υ			n)
Allegan	(If autside corporate limits, wri	le RUTAL	c. LENGTH OF STAY			rland	porate limits, write	Alle			-
and give nearest to	swn)				63 3		pordie illins, wine	, no to the grid	give nec	nos rowny	
d. NAME OF HOSE	PITAL OR INSTITUTION	(If not in hose	pital, give street address	5)	d. STREET ADDRES	perland			1	e. IS RESID	ENCE
	alter our way								871	YES N	
3. NAME OF	emorial Hosp		Middle	Ш	827 Virg	4. DATE	Mont	<b>b.</b>	D	Yeor	A
(Type or print)	Hors			,	ITLLER	OF DEATH	JUL	_	Doy	196	0
SEX			G.  □ NEVER MARRIED	-		- June	9. AGE IIn years	IF UNDER 1			
Male	White	WIDOWED		_	une 8. 186	57	93 yrs.		-	Haurs Mi	
Oo. USUAL OCCUPA	TION (Give kind of work	done 10b. K						12. CITIZ	EN OF	WHAT CO	UNTRY
	king life, even if retired) (Retired)		Railroad		Berkley S	inrings	W. Va.	II.	S.A.		
3. FATHER'S NAME	(200 022 0 0)	200	710422 000	1	4. MOTHER'S MAIDE		ne vae		D 675	,	
Unknown					Unknown						
5. WAS DECEASED	EVER IN U. S. ARMED FO		SOCIAL SECURITY NO.	17. INF	DRMANT		Address				
Young, or unknown]	Ill yes, give war or dates of	service)	-	Dev	id W. Mill	er	Cumberla	and Ma	3		
18. CAUSE OF DE	ATH Enter only one ca	use per line f	ar (a), (b), and (c).		· M. II e. Allenda		- Ountel 18	THU 9 MA	INTERVA	AL BETWEEN	
PART I, DE	ATH WAS CAUSED BY:		CORON	ARY	OCCLUSI	ON			-	DDEN	
1720	IMMEDIATE CAUSE (o				0002002					DD 211	
Canditians, if	4 /		COL	RONAF	Y SCLE	ROSIS			-		
gave rise to imm	nediate cause										
(a), stating the	underlying										
FART II. O	THER SIGNIFICANT CON		NTRIBUTING TO DEATH	1 BUT NO	T RELATED TO THE TE	RMINAL DISEAS	E CONDITION GI	VEN IN PART	1(a) 19.		
ξ.									YE	PERFORME S NO	O X
PART II. O	AUSE WAS	0b. DESCRIBE	HOW INJURY OCCUR	RED. (Ent	or noture of injury in	Port I or Pert II	of item 18.)				
20c. TIME OF IND				e. PLACE	OF INJURY (Home, street, affice bldg.,	form. 20f. (Cit	y or town)	(Cour	nty)	(5	itate)
Hour o. n		While of wor	rk ot work	raciony	, sireer, write brog.,	uic.,					
21. 1 certify	that I took charge	e of the r	emoins described	above	, held on Auto	psy . I	nspection X	Inquiry	II.	and i	n my
opinion deot	h resulted from:	Notural c	ouses A. Accid	lent 🗍	, Suicide .	Homicide	, Undete	ermined m	anner	П	
	1	. (/,	- 1								
ACTUAL	Senedict	Ski	tarelin	/	M.D. CHIEF MEDICA	L EXAMINER			M. C.	DATE SIGN	ED
0						DICAL EXAMINE	ER 🔲				
EXAMINER'S NAME (Type)	BENEDICT	SKITA	RELIC, M.	.D.	DEPUTY MEDIC	AL EXAMINER	N JULY	27,	19	60	
20. BURIAL, CREMAT	ION, 226. DATE THERE	OF	22c. NAME OF CEMETE	RY OR C	REMATORY	22d. LOCA	TION (City, town,	or county)		(Stote)	
Burial (Speci	July 30.	1960	Greenhill C	emet	ary	Mart:	insburg,	W. Va-			
3. FUNERAL DIRECTO	the same of the sa		ADDRESS			EC'D BY REGIST		STRAR'S SIGN	NATURE		
of our St	chitme, 11	7 Fred	erick St. (	Cumb.	Md. DATE	AUG 1 '6	0 0	Ilua 9 +	4		
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Name of the Commonweal	30,000,000 76,900,00	
	Electric Company of the Section of t	
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77, 1960	MEDIT DESCRIPTION OF THE TOTAL	OF THE PROPERTY OF THE PARTY.
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		esters (it2) over 1000

# FOR STATE HEALTH DEPT. TO DE CY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a leavy is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, file pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremetion, or removal, and in any event within 72 hours after death. A Short A Shor

# MARYLAND STATE DEPARTMENT OF HEALTH Division, of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 104 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 17543

1. PLACE OF DEATH  o. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission a. STATE b. COUNTY
Allegany MARYLAND	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  MARYLAND  c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Cumberland 1 hour	Cumberland
d. NAME OF HOSPITAL OR INSTITUTION (it not in hospitel, give street eddress)	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM
G H	WEE TO LIE TO
Sacred Heart Hospital	" 312 hill Street X
DECEASED	OF
(Type or print)  ALBERT FRANKLIN MORRI	IS Jr. DEATH July 17 19 60
	8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS
William I amorate	last birthday) Months Days Hours Min.
Male Brown WIDOWED DIVORCED DE	ec. 24, 1901 58 yrs.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR
	0 1 1 1 14 1 1
Painter  13. FATHER'S NAME	Cumberland, Maryland USA
Albert F. Morris	Annie Robinson
5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.   Yas, no, or unkown)   (Ifyesgivewarordatesofservice)	INFORMANT Address
	D N
yes WW 1 7 W 4705-05-8047 Mg 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	rs. Ruth Brown Hickory, North Caroli
	OCCUT TIGITORI ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)  CORONARY	OCCLUSION £1 hour
4)0	
DUE TO	7 CATING ATA
(0)	SCLEROSIS
gave rise to immadiate cause (a), stating the underlying DUE TO	
	OT DELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN BART 1/1/10 WAS ALIZODS
D PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BOTTER	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS' PERFORMED?
<b>3</b>	YES NO X
2De. EXTERNAL CAUSE WAS   2Db. DESCRIBE HOW INJURY OCCURED.	(Enter neture of injury In Part I or Part II of item 18.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  2Do. EXTERNAL CAUSE WAS PRIMARY  or CONTRIBUTING  CAUSE OF DEATH.	
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While tac	tory, street, office bldg., atc.)
21. I certify that I took charge of the remains described above, he	eld an Autopsy, Inspection X, Inquiry X and in my opinion
death resulted from: Natural causes X. Accident . Suice	cide , Homicide , Undetermined manner
7, -,	CHIEF MEDICAL EXAMINER
ACTUAL Q + + XQ + ,	
SIGNATURE Devedice Skelarelic	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S	DEPUTY MEDICAL EXAMINER 4 July 17, 1960
NAME (Type) Benedict Skitarelic, M.D.	Addrass (Street, city, town, or county) ALLEGANY MD.
22a. BURIAL, CREMATION, 22b. DATE THEREOF   22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or country) (Slete)
REMOVAL (Specify)	Ale
Burial 7/20/60 Sumner Cemeter	ry Cumberland Naryland
23. FUNERAL DIRECTOR ADDRESS	24e. REC'D BY REGISTRAR   24b. REGISTRAR'S SIGNATURE
John J. Hafer, Cumberland, Maryland	DATE JUL 20'60 arthur S. Krana
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	00/03/10	bond grant , hund	Total J. Burer, Burber

A CONTRACTOR

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07544

		Reg	, Dist. No.
1. PLACE OF DEATH O. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institution R. o. STATE MARYLAND b. COUNTY	asidence before admission) ALLEGANY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  CUMBER LAND	STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL CUMBER LAND	and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitat, give street of MEMORIAL HOSPITAL DOA	address)	d. STREET ADDRESS 766 Maryland Ave.	e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF First Midd	dle	Last 4. DATE Month	Day Year
OLIVE	MUI	ELLER DEATH July	19 1960
S. SEX  6. COLOR OR RACE  7. MARRIED NEVER MA  White WIDOWED DIVOR		DATE OF BIRTH  9. AGE (In years lost highday)  yrs.  15 UN  Magnit	DER TYEAR IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)  Housewife	S OR INDUSTR		CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
William E. Shumaker		Rachael Bollinger	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown)  (If yes, give war or dates of service)  No		Address As. Mueller, Greenspring	, W. Va.
420_) DUE TO	NARY	DECLUSION LEROTIC DISEASE	INTERVAL BETWEEN ONSET AND DEATH 30 Min
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO I		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
PRIMARY or CONTRIBUTING D  CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, Year Hour a. m., p. m. 19 While of work of work	D 20e. PLAC		(County) (Stote)
21. I certify that I took charge of the remains described the resulted from: Natural causes , Accident ACTUAL SIGNATURE Benedict Skitarole	, Suic	e, held an Autopsy , Inspection , Incide , Incide , Undetermined cause  M.D. CHIEF MEDICAL EXAMINER .	DATE SIGNED
EXAMINER'S NAME (Type) BENEDICT SKTTARELIC	M.D.	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEP	19. 1960
220. BURIAL, CREMATION, PLANTE THEREOF SULPH SULPH SULPH	EMETERY OR O	SPGS KIFER, ALLEGI	ty) (State)
PARKS F. HOME, CENTRAL BERKELEY ST	ORINGS	DATE JUL 22'60 CLIL	SIGNATURE

TO DEPLITY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If ony delay is necessary, please executed serving the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funer rector. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your riles.

TO FUNERAL DIRECTOR: Page 3 should be used as o buriol-transit permit. File pages 1 and 2 with the registrar prior to buriol, gramation, VS. AISME(S) 5M 9/SS

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is necessary, please exercetar. Page 4 should be

# Carlotte State Constitution of the Constitutio 197. 7, 1,000 Cichaig X sinus estily Last all polition wanted by respirate Politicary William R. Shumker CHAB. Luciler, Greenspring, W. PA. JULYTY HE SULPHUR SPOS KIFER, ALLELANY, F.P.

rs ofter death. Page 4

OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24

TO HOSP may be

VR A1S (4) 1SM 9/59

#### 7549

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1. PLACE OF DEATH O. COUNTY ALLEGANY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE B. COUNTY ALLEGANY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  CUMBER LAND, MD.  34	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  CUMBERLAND, MARYLAND
d. NAME OF HOSPITAL (If not in hospital give steep address MEMORIAL A MEMORIAL HOSPITAL	d. STREET ADDRESS e. IS RESIDENCE
3. NAME OF First Middle DECEASED (Type ar print) MINRY J.	MURRAY  4. DATE Manth Day Year OF DEATH JULY 3 160
S. SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	9. AGE (In yeors last birthday)  JUNE 2 1902  9. AGE (In yeors last birthday)  Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Rest. Wkr.	
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
CHARLES SWANGER	LUCY SIRBAUGH
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.  (Yes. no. or unknown) [1] (If yes, give wor or dates of service)	, INFORMANT Address
no 220-16-6108	MEMORIAL HOSPITAL, CUMBERLAND, MARYLAND
18. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which)	hie Careumin Interval Between ONSET AND DEATH 7 gp
gove rise to immediate couse (a), stating the <u>under-lying couse lost.</u> OUE TO  (c)	To be a second of the second o
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 8  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED?  YES \( \square\) NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)   19. WAS AUTOPSY PERFORMED?  YES \( \square\) NO \( \square\)
	RED. (Enter noture of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year While of work at wark 20e.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   (County) (State)
21. I certify that (I) (this haspital) attended the deceased fram saw the deceased alive an 1960, and that 220. SIGNATURE	t death occurred av. 55%, from the cause and an the date stated above.  22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) DR.OVERTON HIMMELWRIGHT	22d. ADDRESS  133 VIRGINIA AVE. CUMBERLAND, MD.
23c. BURIAL, CREMATION, REMOVAL (Specify)  Burial  23b. Date thereof  7/6/60  Davis Memor	rial Pafk Cumberland, Maryland
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D 8Y REGISTRAR 25b. REGISTRAR'S SIGNATURE
John J. Hafer, Cumberland, Maryland	DATE JUL 8 '60 Orllan S. Kraus

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Ckmberland. Md

VS. A15ME(S) 5M 9/55

Byron Kight

Rea. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) ALLEGANY c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO Day Year 19 60 IF UNDER TYEAR IF UNDER 24 HRS. Months 3-4 Days 12. CITIZEN OF WHAT COUNTRY? usa Mullen Ave. Luke, Md. INTERVAL BETWEEN ONSET AND DEATH (6 months ----PERFORMED? YES K NO [ (County) (State) DATE SIGNED (State)

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THE PROPERTY OF THE STATE OF THE STATE OF AND DESCRIPTION OF THE PERSON .br; mire and tense and exit We want to the control of the contro TO HOSF COR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ms after death. Page 4 may be a fined by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remayer colors pages. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs after death.

VS A15 (4) 15M 9/S8

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7551 CERTIFICATE OF DEATH

									Keg. Dist.	140.	
PLACE OF I	DEATH		38-1		11	USUAL RESIDENC	E (Where decea	sed lived. If institut		before adn	nission)
AL	LEGAL	IY.		MARYL	AND	MARY	YLAND	D. COUNT		LEGAN	Y
b. CITY OR	TOWN (If	outside corporate limi	ts, write	c. LENGTH OF STAY IN	4 1b	c. CITY OR TOWN	N (If outside cor	porote limits, write l	RURAL ond giv	re nearest to	own)
C	UNBER	ETAND)		64 DAYS		RURAI	L## RT.	#3, KEYSE	ER, W.V.	A.	
OR INSTI	ITUTION	AL (If not in haspital, g ) HEART HOS				d. STREET ADDRE				10	RESIDENCE A FARM?
NAME OF		Fir	st	Middle		Lost	4. DATE	Shway	nth	Day	Year
(Type or pri	nt)	MAE		Marme	NAZE	LROD	OF DEAT	H JULY	1	6	19 60
FEMAL	E	6. COLOR OR RACE WHITE	7. MAR	RRIED NEVER MARRIED		INE 8, 19	904	9. AGE (In years last birthday) 50 yrs	Manths D	YEAR IF UN	
during ma		N (Give kind of work ing life, even if retired	done 10b	. KIND OF BUSINESS OR Own Hom	INDUSTRY e	11. 8IRTHPLACE	(State or foreign	country) ennsylvan		USA	TCOUNTRY
. FATHER'S N	AME				14	. MOTHER'S MAIL	DEN NAME				
CHAR	LES N	GKENZIE				ANNA V	WEAVER				
5. WAS DECE Yes, no, or unknown		IN U. S. ARMED FOR f yes, give wor or doles of s		. SOCIAL SECURITY NO.	1	RMANT FIENTS CH	HART	Ado	dress		
		TH [Enter only one ca TH WAS CAUSED 8Y: IMMEDIATE CAUSE (a DUE TO	)	ine for (a), (b), and (c).]						INTERVAL ONSET A	SETWEEN ND DEATH
gave ri couse (o) lying cou		he <u>under-</u> DUE TO	)	RCINOMA O							
3			DILIONS	CONTRIBUTING TO DEAT	H BUI NO	KELATED TO THE	TERMINAL DISEA	ASE CONDITION GI	VEN IN PART I	PER	S AUTOPSY FORMED?
20a. ACCII OR CONTE (IF EITHER,	DENT WAS RIBUTING NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OC	CURRED. (E	nter noture of inju	ry in Port I or P	ort II of item 18.)			
20c. TIME (	OF INJURY a. m. p. m.	Manth, Day, Yea	While			OF INJURY (Home street, office bldg		ity or town)	(Co	unty)	(Stote
21. I cel alive on ACTUAL SIGNATUR	B.	nt I attended the	19. Le	60, and that of		43	SOAM, fran ADDRESS GREEN	n the couses or (Street, city or tawn EST Co	, stote)	date stot	deceose ed abave ATE SIGNE
20. 8URIAL, C	REMATION	BM M. Schil		22c. NAME OF CEMET	ERY OR CR			ATION (City, town,			tote)
REMOVAL Burj	ial	7/19/60		Greenvill		on Cemet		Pocaha		Penns	ylvan
			hor	land, Maryl	and a		TE JUL 2		Inthun &		
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CEDTIEIC ATE OF DEATH

7552	CERTIFICA	IE OF DEATH			
1. PLACE OF DEATH  o. COUNTY  ALLEGANY	MARYLAND	2. USUAL RESIDENCE (W o. STATE MARY	b c	institution: Residence	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	A	outside corporate limits	, write RURAL and gi	ive nearest town)
CUMBERLAND	28 DAYS	CUMBI	ERLAND		
MEMORIAL & WARWICK AVES.		d. STREET ADDRESS	EMILY STRE	ET	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) RUTH	Middle V.	Lost IORTHCRAFT	4. DATE OF DEATH	Manth JULY	Day Yeor
		8. DATE OF BIRTH	9. AGE (I		1960 1 YEAR IF UNDER 24 HRS
FEMALE WHITE WIDOW		1-30-1892	89349	stell 1	Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. during mast of working life, event it retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	e ar fareign country)	12. CITIZ	EN OF WHAT COUNTRY
Verser 1	forme.	CUMBERLAI	ND, MD.		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
GEORGE REID Reid		ELLE FARE	RELL		
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, and or unknown) (If yes, give wor or dotes of service)	-0.6	MORIAL HOSPI	TAL CUM	Address IBERLAND,	MD.
18. CAUSE OF DEATH [Enter only one couse per li	ne for (a) (b), and (c).		0 1		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	( Ma aum	i del T	to for		ONSET AND DEATH
IMMEDIATE CAUSE (o)	an an	11	11 cole	_	
Conditions, if any, which					
gave rise to immediate					
couse (o), stoting the under-					
lying couse last.   (c)     (c)	CONTRIBUTING TO DEATH BUT	NOT BELATED TO THE TERM	AINIAI DISEASE CONDIT	IONI CIVENI INI BART	1(a) 10 MAS AUTOPS
PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Lyputane	Ausle Von	la Alven	Co GIVEN IN PART	PERFORMED?
	CRIBE HOY NURY OCCURRE	D. (Enter nature of injury in	Part I or Port II of iten	n 1B.)	
	t-	ACE OF INJURY (Hame, for ctory, street, office bldg., et		(C	ounty) (State
Hour a.m. While of war	TAOL WILLIA	ciory, sireer, office blug., er	(·)		
21. I certify that (I) (this haspital) attend		0.4	57 00 Ju.	196	() that (I) (we) las
saw the deceased alive an	(0 1960, and that a	death accurred at	M, from the cau	ses and an the	date stated above
220. SIGNATURE	1	M.D. PHYS.	AED. STAFF PHYS.		7 /12/G
NAME (Type) DR. OVERTON HIM	MELWRIGHT	133 Va (	we, Counte	land ike	d
239 BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 1/3/60	23c. NAME OF CEMETERY C	R CREMATORY	23d. LOCATION (City	, town, or county)	m &
24. FUNERAL DIRECTOR'S SIGNATURE ONC.	Cumb. M	25a. REC	JUL 1 8 '60	Sb. REGISTRAR'S SIQ	NATURE

TO HOSP VR A15 (4) 1SM 9/59

HIANG REPORTADINED CAGO TERRITAL S. WESTERSWO. FOR THE WATER TO THE THE . . . . Bl. . Chathad his ea A ligada Sula Care Contract of the Contract

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	7553	CERTIFICATE OF DEAT	[H
DEATH		O MICHAL PECIDENICS	///

07550

1. PLACE OF DEATH O. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (Who a. STATE  MARYLAND	ere deceased lived. If institu b. COUNT	Y ALLEGANY				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give occurs) town	c. LENGTH OF STAY IN 16			RURAL and give nearest town)				
d. NAME OF HOSPITAL (If not in hospital, give street, or institution MEMORIAL HOSPIT MEMORIAL & WARWICK AVE		d. STREET ADDRESS 233 VIRGI	NIA AVENUE	e. IS RESIDENCE ON A FARM? YES NO				
3. NAME OF First DECEASED (Type or print) FLOREN	Middle ICE L	OSBOURNE	OF	JULY 13 1960				
S. SEX FEMALE 6. COLOR OR RACE WHITE WIDOWE	TED THE TEN HANKED	B. DATE OF BIRTH OCTOBER 27, 1	9. AGE (In year: last birthdoy) 79 yrs					
10a. USUAL OCCUPATION (Give kind af wark dane during mast of working life, even if retired) Housewife  13. FATHER'S NAME	wnhome	MARYLAND  14. MOTHER'S MAIDEN N	Baltimore	12. CITIZEN OF WHAT COUNTRY?				
GEORGE WHARTON		ELIZABETH	BANKS					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service)		IFORMANT IEMORIAL HOSPI		ND. MARYLAND				
PART I. DEATH Enter anly one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gove rise to immediate couse (a), stoting the under-lying couse last.  (c)	re for (o), (b), ond (c).]	ules.	W/Q ,	INTERVAL BETWEEN ONSET AND DEATH				
PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTIONS CAUSE OF DEATH OF CONTRIBUTIONS CAUSE OF CAU	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	inal disease condition g	IVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?				
	20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part II ar Part II af item 18.)							
20c. TIME OF INJURY Month, Day, Yeor 20d. In While at warl	_ Nat while _ fac	ACE OF INJURY (Home, form ctary, street, office bldg., etc	20f (City or lown)	(County) (State)				
21. I certify that (I) (this haspital attends saw the deceased affive an 7/1/3/1	// //			that (1) (we) last and an the date stated abave.				
220-SIGNATURE	iones	M.D. ATTENDING M.PHYS. DI	ED. STAFF PHYS.	22bi DATE / SIGNED				
NAME (Type RICHARD J. WILLI	AMS	the second secon	CENTRE ST C	UMBERLAND, MD.				
230. BURIAL, CREMATION. 23b. DATE THEREOF REMOVAL (Specify) 7-15-60	23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City, town	, ar county) (Stote)				
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS nberland, Md.	25a. REC'		CISTRAR'S SIGNATURE				

the protection of the care of BARRA ADMIRINA TESTI OCCUPANTAL DESCRIPTION OF THE PROPERTY OF THE e a a COLUMN TENANTES THE PROPERTY OF THE PARTY OF TH TOWN OF WILLIAM STREET

# FOR STATE HEALTH DEPT. FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07551

								Reg. Dis	t. No.	
o. COUNTY AT	legany		MARYL		o. STATEMaryl	-	ed lived. If instit b. COUN			
	If outside corporate limits, write	RURAL	c. LENGTH OF STAY IN	1 1b	c. CITY OR TOWN (I	f outside corp	porote limits, write			Marine and the same and the sam
Frostbur			Lifetime	1	Frostbu	irg				
d. NAME OF HOS	or Street	If not in hosp			d. STREET ADDRESS	or St	reet			ON A FARM?
3. NAME OF	Fir		Middle	li,	Lost	4. DATE		41	- !	
DECEASED (Type or print)	SHARON	,	Miggie	0	STER	OF DEATH	Mon.	rn	27	Year 19 60
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	B. D	ATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER 1	-	UNDER 24 HRS
F	W	WIDOWED	DIVORCED [	] N	ov.25th.1	958 .	1 yrs.	Months D	Dys H	lours Min.
0o. USUAL OCCUPA during most of wo	ATION (Give kind of work rking life, even if retired)	done 10b. K	IND OF BUSINESS OR IN		11. BIRTHPLACE (Stote	e or foreign c		12. CITIZ		WHAT COUNTRY
Non			None		Cumberla		•		U.	S.A.
3. FATHER'S NAME				1	4. MOTHER'S MAIDEN	NAME				
Kenneth	Oster				Patricia	McAte	er			
15. WAS DECEASED	EVER IN U. S. ARMED FO		SOCIAL SECURITY NO.	17. INF	DRMANT		Addres	Frost	bur	g, Md.
No	None		None	Mr	s. Patric	ia Os				
	EATH [Enter only one cau	se per line i							INTERVAL	1 BETWEEN
PART I. D	EATH WAS CAUSED BY:		ASPHY	VTAI	TON				_	-4 Min
gai	IMMEDIATE CAUSE (6)		HOLIII	VTW.	LION				0.	T 1/1 T.1.1
1./00	T DUE TO		TATE ASSESSED	7.7.6.77						11
Conditions, if			DROWN	ING						
(o), stoting th										
couse fost.	(c)									
PART II. (	OTHER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH	BUT NO	RELATED TO THE TERM	VINAL DISEAS	E CONDITION GI	VEN IN PART		WAS AUTOPSY PERFORMED?
200. EXTERNAL	CAUSE WAS 20	b. DESCRIBE	HOW INJURY OCCURR	ED. (Ente	er nature of injury in Pa	rt I or Part II	of item 18.)			
CAUSE OF DEAT	CAUSE WAS CONTRIBUTING []	CF				OND				
	JURY Month, Doy, Yes	or 20d. II			OF INJURY (Home, form		or fown)	(Coun	ty)	(Stote)
Hour o.	m	While	Not while	factory	, street, office bldg., etc	:)				(5,0,4)
-		the latest the same of the sam			ylor St.		OSTBURG	_	EG.	MID.
21. I certify	that I took charge	of the r	emoins described	obove	, held an Autops	sy 🔲, Ir	rspection []	Inquiry	X,	and in my
opinion dea	th resulted from:	Notural c	auses , Accide	ent X	, Suicide ,	Homicide	, Undet	ermined me	onner	
ACTUAL	Benedic	ts	ketarele	2					D	ATE SIGNED
EXAMINER'S					ASSISTANT MEDIC	AL EXAMINE	R 🗀			
NAME (Type)	BENEDICT	SKIT	ARELIC, M	.D.	DEPUTY MEDICAL	EXAMINER [	July	27.	196	0
20. BURIAL CREMA	TION, 226. DATE THEREC		22c. NAME OF CEMETER		EMATORY	22d. LOCAT	TION (City, town,			(Stote)
Burial	7-30-60	g.	. Michael	10	Comotom	Fno	stburg			Ma
23. FUNERAL DIRECT		, Hot	er do funera		Ceme tery	D BY REGIST		ISTRAR'S SIGN		Md.
Bo. O. 1.	4 Whon to a .	-			Ollie					
mus 4	1. There	23	E. Main F	LOS	thurg May	G 1 '6	U Cin	thun S. to	raile	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours offer death. If any defax is executed certificate, writing the word "pending" in pendit in Item, 18. Give Pages 1, 2, and 3 to the least 4 should be farworded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be referred to FuneRAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State or its designated agent, prior to buriol, cremation, or removal, and in any event-within 72 hours after death. VS. A15ME 5M 2/57

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		CHRYDMALAS DECHREM TEACS	
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		The second secon	
			CO1/2
III wrombine			
0.00			
w Francisco			AND AND ALL
Marine Section			

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		NT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH
ALLEGANY	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: o. STATE MARYLAND b. COUNTY
If outside corporate limits, write RURAL n)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RUR.

7

Reg.	Dist.	No.	0	7	5	5	6
 -		_	-	_	-	_	

1. PLACE OF DEATH					O. STATE BEATS		lived. If institute b. COUNTY			
	ALLEGAN		MARYL		MAR.	YLAND		ALL	EGAN	
b. CITY OR TOWN (If ond give negress fown)  CUMBER		e RURAL	6 DAYS	N 1b	LA VA		ole limits, write	RURAL ond	give neare	st town)
		If not in hos	pital, give street oddress)		d. STREET ADDRESS				0.	IS RESIDENCE
MEMORIA	L HOSPIT	AL			7 LINDA	WAY				ON A FARM?
3. NAME OF DECEASED	Fir	st	Middle	3.00	Lost	4. DATE OF	Month		Day	Year
(Type or print)	JEA:	NNETT	E		PAXTON	DEATH	JULY		30	1960
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	☐ B. D	ATE OF BIRTH	9.	AGE (In years last birthday)	IF UNDER 1		UNDER 24 HRS.
FEMALE	WHITE	WIDOWE	DIVORCED [	De	ecember 2	3,1903	56 yrs.	Months D	kays Ho	Min.
during mast of working	g life, even if retired)		IND OF BUSINESS OR IN	NDUSTRY	200727					HAT COUNTRY
House	MIIO		wn home	- 1,		N, MAR	ILMIN	U	S.A	1 •
	TIM GRAIO	ATC!			. MOTHER'S MAIDEN					
15. WAS DECEASED EVE	OHN SYMO		eocul escueix No. I		Margaret	VILL				12 10 10 11
(Yes, no, or unknown)	If yes, give war or dates of		SOCIAL SECURITY NO.		ORMANT	mra pon	Address AT	יי כוניו כוע	A BID	11.000
No.					MEMORIAL ]	HUSPIT.	AL, CU.	MBERI		
	TH [Enter only one county one cou	ise per line		CORR	CARCTNON	AMAGTO			ONSET AN	ID DEATH
	IMMEDIATE CAUSE (6)		GENERALI	ZED	CARCINOM	ATOSIS			2-	·3 Mo.
151	DUE TO									
Conditions, if or			CARCINO	MA	OF STOMA	CH			6	Mo.
gove rise to immed (o), stoting the u										
couse lost.	) (c)									
PART II. OTH	ER SIGNIFICANT CON	DITIONS CO	INTRIBUTING TO DEATH	BUT NO	RELATED TO THE TERM	INALDISEASE C	ONDITION GIV	EN IN PART		ERFORMED?
PART II. OTH  200. EXTERNAL CAU PRIMARY OF CON CAUSE OF DEATH.	ISE WAS	b. DESCRIBE	HOW INJURY OCCURR	ED. (Ente	r noture of injury in Par	t I ar Part II of	item 1B.)	133		
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yea	While		PLACE factory	OF INJURY (Home, form street, office bldg., etc	n. 20f. (City or	town)	(Coun	ity)	(State)
21. I certify th	at I took charge	of the r	emains described	above	, held an Autops	y A Insp	ection 🗐	Inquiry	<b>X</b> , a	nd find tha
death resulted	from: Natural	causes 🕅	Accident [],	Suicio	le . Homicide		etermined c	-		
	1	1	Vala	- 1		_				
ACTUAL SIGNATURE	Donelle	+1	bitaxol	lea.	CHIEF MEDICAL E	XAMINER [			DA	ATE SIGNED
SIGNATURE	aguisi	4-14	ELAW EEL	4	ASSISTANT MEDIC	AL EXAMINER	1			
EXAMINER'S NAME (Type)	BENEDICT	SKIT	ARELIC. M	D.	DEPUTY MEDICAL	EXAMINER X	JULY	30	. 1	1960
220. BURIAL CREMATIO	N. 22b. DATE THEREC		22c. NAME OF CEMETER		EMATORY	22d. LOCATIO	N (City, town, c			(Stole)
REMOVAL (Specify) Burial	8/2/60				ial Park		erland		vlai	
23. FUNERAL DIRECTOR'			ADDRESS			D BY REGISTRAL		TRAR'S SIGN	4	
Charles	L. Georg	e Cı	umberland,	Md	DATE	AUG 2 '6	0 0	rthun S.	thous	

VS. A15ME(5) 5M 9/55

THE AMEDICAL EXAMINER'S CERTIFICATE OF DEATH Housewille Latte Tibenes THE THE RESERVE OF THE PROPERTY OF THE PROPERT \* 0 1 5 Minney ... . China THE RESERVE OF THE PROPERTY OF PLACE OF DEATH

Allegany

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)

b. CITY OR TOWN IIt outside corporate limits, write RURAL

Flintstone

o. COUNTY

Rural

necessary, please exertar. Page 4 shauld be 0 p 200

oud may Pages Page Give in Item with alang O pending in 0 00 Exami shauld ertificate, writing the wo to the Chief Medical E L DIRECTOR: Page 3 shk g

TO FUNERAL 9 VS. A15ME(5) 5M 9/55

Flintstone Creek Road Upper Flintstone Creek Road YES NO 14 NAME OF Middle DATE Month Year OF (Type or print) PAGE EMMITT PAXTON JIII.Y " \* 26 1960 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 3. DATE OF BIRTH 9. AGE (In years IFUNDER TYEAR! IF UNDER 24 HRS. Months Haurs Male White August 1892 67 WIDOWED [7] DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? U. S. A. Grant Co. W. Va. Retired caretaker Flintstone High SChool 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME John Paxton Clora Jenkins 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Md. 16. SOCIAL SECURITY NO. 17 INFORMANT Address (If yes, nive war or dates of service) 12-12-8437 Mrs. Della Paxton, Rt. Flintstone, No. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: CORONARY OCCLUSION SHIDDEN IMMEDIATE CAUSE (o) **DUE TO** SCLEROSIS CORONARY Canditions, if ony, which gave rise to immediate couse DUE TO (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO X 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part II of item 18.) PRIMARY | or CONTRIBUTING CAUSE OF DEATH. 20e. PLACE OF INJURY (Home, farm, 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) While Not while 0. m of work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry X and find that death resulted from: Natural causes XI. Accident , Suicide , Homicide , Undetermined cause . DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S SKITARELIC. M.D. BENEDICT DEPUTY MEDICAL EXAMINER XX JULY 26, 1960 NAME (Type) 22g. BURIAL CREMATION, 122b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 29/60 Nr. Flintstone. Md. Glendale Cemetery Buria ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE AUG 1 Cumberland. Md. Charles L. George arthur & Kraus

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No

MARYLAND

c. LENGTH OF STAY IN 16

o. STATE

d. STREET ADDRESS

e. IS RESIDENCE ON A FARMS

Allegany

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)

Flintstone.

Maryland

b. COUNTY

REEL SE MAN			5877
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	ten an especial microscope a		
	Manager and the Company of the Company		
	and really moves (Table)		10 and 11 and 12 and 1
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		ten setting was significant to The Section Deliver in	
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VS A15 (4) 15M 9/5B

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

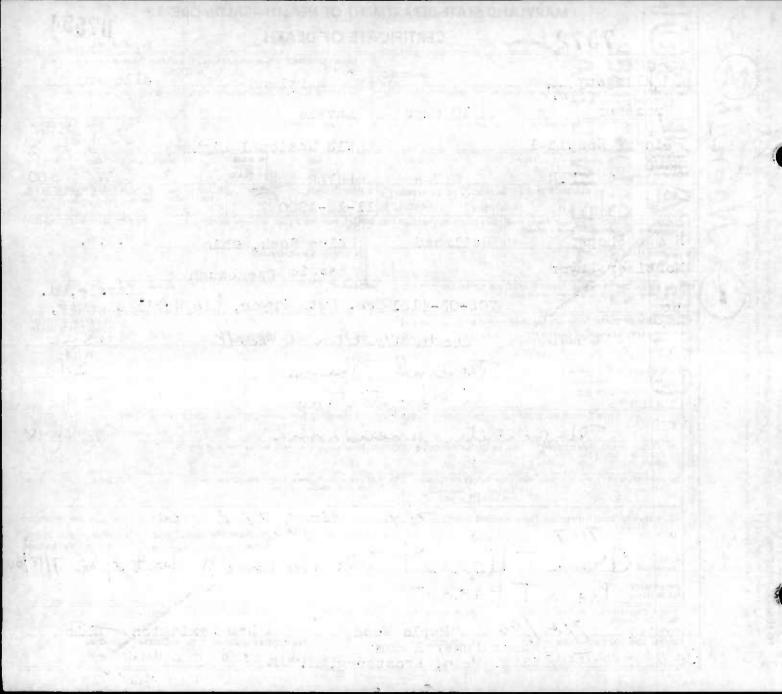
7572

### **CERTIFICATE OF DEATH**

07554

Reg. Dist. No.

	a. COUNTY		MARYLAND	2. USUAL RESIDENCE a. STATE	- CALL DOLLAR	b. COUNTY	422		ision)
-	b. CITY OR TOWN (If autside		c. LENGTH OF STAY IN 16	c. CITY OR TOWN		orate limits, write R	ALLO		n)
L	Frostburg	wnj	10 days	Lavale					
	d. NAME OF HOSPITAL (If no OR INSTITUTION	at in haspital, give stree	et address)	d. STREET ADDRESS	S			e. IS RE	SIDENCE A FARM?
-	Miners Hos	pital		1 913 Nat	ional	Highway	2.1	YES [	NO
1	B. NAME OF DECEASED	First	Middle	Last	4. DATE	Mar		Day	Year
-	(Type or print) MORTI  5. SEX   6. CO	and the same of th	RRIED NEVER MARRIED	B. DATE OF BIRTH	DEATH	9. AGE (In years	IF LINDER 1	YEAR IF UND	1960 SER 24 HRS
	M	387	WED DIVORCED	11-18-1900	0	last birthdoy) 59 yrs.		ays Haurs	1
	Oa. USUAL OCCUPATION (Give during mast af warking life,	e kind of wark dane 100 even if retired)		DUSTRY 11. BIRTHPLACE (SI	tate ar foreign o	country)		N OF WHAT	COUNTRY?
1	B & O Shops		Railroad	Blue Ro		nio	0.5	5.A.	
	Mortimer Pr	yor		Bessie	Osenb	augh			
1	5. WAS DECEASED EVER IN U.	S. ARMED FORCES? 16	6. SOCIAL SECURITY NO.	INFORMANT		Add	ress Lav	rale, N	/Id.
1	No		705-03-4151	Mrs. Ruth I	Pryor.	913 Nat		ghway	
	18. CAUSE OF DEATH [En		line far (a), (b), and (c).]		41	,		INTERVAL B	ETWEEN
1	PART I. DEATH WAS	S CAUSED BY: DIATE CAUSE (a)	acute Di	latation of	Hoar	r		2 5 m	
	1366	DUE TO	T - 0	~ 0				0	1
	Canditians, if any, whi	nte	Herstinal	Tleus				20	
	cause (a), stating the <u>und</u> lying cause last.		Cholicus	tectomy				2 0	
	PART II. OTHER SIGN	VIFICANT CONDITIONS	CONTRIBUTING TO DEATH	UT NOT RELATED TO THETE	RMINAL DISEAS	E CONDITION GIV	EN IN PART I	(a) 19. WAS	AUTOPSY ORMED?
	3	Inpost	atic pre	inomi	a			YES [	NO
	PART II. OTHER SIGN  20a. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICA	JSE OF DEATH	ESCRIBE HOW INJURY OCCUR	RED. (Enter nature af injury	in Part I ar Pai	rt II af item 18.)			
	20c, TIME OF INJURY Man Haur a. m. p. m.	Whil		PLACE OF INJURY (Hame, 1 factory, street, affice bldg.,	farm, 20f. (Cit	y ar tawn)	(Ca	unty)	(State)
	21. I certify that I a	ttended the decer	ased from $\frac{7/9}{}$	, 19.60, ta_	7/1	7, 1960	that I last	saw the	deceased
	alive an7/	17 19	60, and that dea	th accurred at 8 2	P.M. fram	the causes an	d an the	date state	d above.
ı	M.	· }	1 9	- 01 11	ADDRESS (S	itreet, city or town,	state)	DA	TE SIGNED
	SIGNATURE SIGNATURE	uk 1. K	Jania	M.D. & & W. Me	chamic	11. 1	ostour	s Mid.	1118 10
	PHYSICIAN'S FRA	NK T. +	ARRAT						
1	22a. BURIAL, CREMATION, 22b REMOVAL (Specify)	DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCA	TION (City, tawn,	ar county)	(Sto	ite)
	Burial /	7/21/60	Maple W	lood		Lexing		Ohio	
1	3. FUNERAL DIRECTOR'S SIGN	Hafer Hafer		IIIG	REC'D BY REGIS		STRAR'S SIGN		
K	Seulah H. Moule	eny 23 E.	Main, Fros	thurg Md DATE	JUL 25'6	U an	ilun d. 16	// ONE PARTY	



### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

### CEDTIEICATE OF DEATH

07555

Wyndmen.

Penncylvanie

7573 CER		L OF DLA	Reg. Dis	t. No
1. PLACE OF DEATH		1 2. USUAL RESIDE	NCE (HOME) OF DECEASE	n
Allegany				
COUNTY	MARYLAND	STATE Maryla	nd county Alleg	gany
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	CITY (if outside corp	orate limits, write RURAL and give name	arest town)
OR and give neerest town) TOWN Frostburg	(in this plece)		tburg	
HOSPITAL OR	200	STREET		
INSTITUTION OR		ADDRESS	(If rurel give location)	
STREET ADDRESS 36 Mill Street	SAN THE RESERVE	36	Mill Street	
	Aid dle)	(Lest)	4. DATE (Month)	(Day) (Year)
(Type or Print) Mary Mar	cella Raffer		DEATH July	2, 1960,
5. SEX 6. COLOR OR 7. SINGLE, MARRIEI WIDOWED, DIVO		OF BIRTH		R 1 YEAR IF UNDER 24 HRS
Formala (Specific).	T. 7.	23, 1882	77 yrs. Months	Deys Hours Min.
	OF BUSINESS	11. BIRTHPLACE (State or for		2. CITIZEN OF WHAT
done during most of working life, even if OR	INDUSTRY			COUNTRY?
retired)Housekeeper		Frostburg, M	aryland	U. S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN		
Deniel Scally		Bridget	Chambers	
	SOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS 28 F	Mill Street
(Yes, no, or unk.) (If Yes, give wer or detes of service)	one	Mrs. To		stburg, Md.
	18. MEDICAL CE		/	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	//		1. 1.0	ONSET AND DEATH
IMMEDIATE CAUSE (A)	o Kra V	nem a	wrage	middlen
24.1				Leneral
ANTECEDENT CAUSE(S) DUE TO	1 port o	solden		1 dears
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	7/1	2,0,00		7
STATING UNDERLYING CAUSE LAST.	V			
(C) /				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
19e. DATE OF OPERATION 19b. MAJOR FINDINGS C	F OPERATION			20. AUTOPSY?
				YES NO
216. ACCIDENT WAS UNDERLYING 216. PLACE (Home, OF INJURY street, of (IF EITHER, NOTIFY MEDICAL EXAMINER)		21c. WHERE DID INJURY OCC	UR? (City or town) (Cou	nty) (State)
	INJURY OCCURRED	21f. HOW DID INJURY OCC	UR?	
While M. et wo				
22. I hereby certify that I attended the decease	sed from 195	9, 19, 109-61	Vez 2 , 1960 , that 1	last saw the deceased
alive on May 4 , 1960 , and	that death occurred	av 1115 AM. from the	causes and on the date state	ed ahove
SIGNATURE N			PRESS (Street, city, town, stete)	DATE SIGNED
-wom fline	M.D.	Frostf	my my g	why 4 1960
23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY)	NAME OF CEMETERY C	R CHEMATORY	JOCATION (City, town, of count	y) (State)
Burial July 5, 1960	St. Mich	sel's Cenetery	Frontburg. M	laryl end
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		25, FUNERAL DIRECTOR'	SIGNATURE	ADDRESS
211 6 160 Cirthun S. Turans		1-114	1 1 2001	

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit. TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

The bottom copy may be retained by the hospital or attending physician.

VS A15C 1-55 10M

DATE

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MARYEAND STATE DEPARTMENT OF HYALYSS-DAILHMOLE, 18

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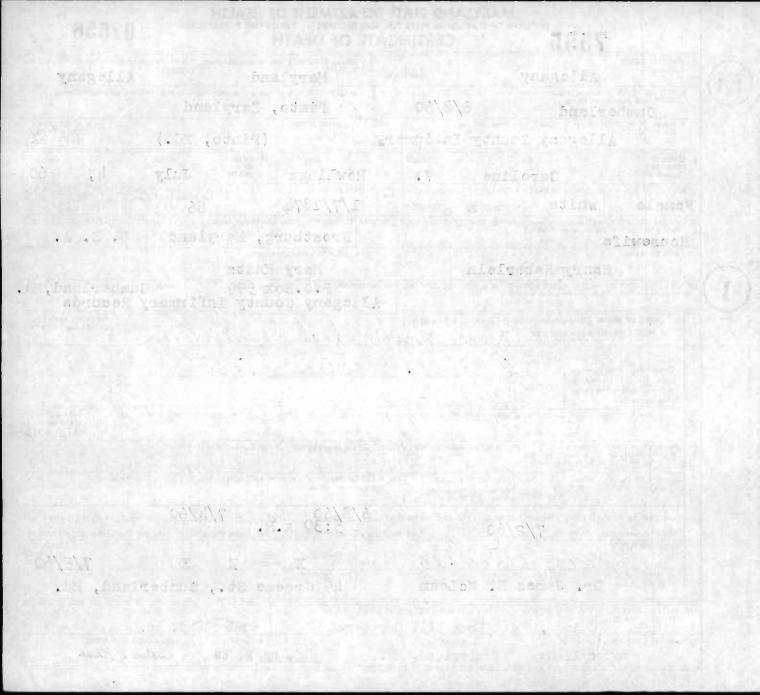
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

07556

(i) i) i) CERTIFICA	TIE OF BEATTI	
1. PLACE OF DEATH o. COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before STATE b. COUNTY Alle	fore admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Cumberland  6/8/60	c. CITY OR TOWN (If outside corporate limits, write RURAL and give no X Pinto, Maryland	earest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Allegany County Infirmary	Pinto, Md.)	e. IS RESIDENCE ON A FARM? YES NO.
3. NAME OF DECEASED (Type or print) Caroline V.	Rawlings DEATH July	Yeor 1960
S. SEX  6. COLOR OR RACE  White  Widowed Divorced	B. DATE OF BIRTH  1/7/1874  9. AGE (In years lost birthdoy) 86 yrs.  Boys.	Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Houstwife		S • A •
13. FATHER'S NAME Henry Haberlein	14. MOTHER'S MAIDEN NAME Mary Knatz	
(193, 110, 01 diskilowil) [ [II yes, give wor or odies of service] ]	Allegany County Infirmary Rec	
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		TERVAL BETWEEN
Conditions, if ony, which)  DUE TO  Berularal E	Ertirios bluosis,	>
gove rise to immediate couse (a), stating the under:   DUE TO   Chronic >	ephritis	?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
	ED. (Enter noture of injury in Port I or Port II of item 1B.)	
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of work	PLACE OF INJURY (Home, form, octory, street, office bldg., etc.)	y) (Stote
21. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an 7/2/60 19 , and that		that (I) (we) las te stated abave
220. SIGNATURE James 3 . n. Leau	M.D. ATTENDING MED. STAFF PHYS. X	7/5/60 226, DATE SIGNE
22c. PHYSICIAN'S NAME (Type) Dr. James E. McLean	122d. ADDRESS 149 Greene St., Cumberland	, Md.
	netery Cumberland, Md.	(Stote)
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  Byron Kight Cumberland, Md.	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNAT DATE JUL 8 '60 arthur 2. Hu	

TO HOSP TO OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 as offer death. Page 4 may be the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the Stote Board of Health prior to burial, cremation, or remayal, and in any event within 72 haurs after death. VR A1S (4) 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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CERTIFICATE OF DEATH

		7 1 1 1										
1. PLACE OF I			CIII	MBER LA NO <sup>MA</sup>	ARYLAND	d. STATE MARYLAN			nstitution LEGA		ore admis	sion)
b. CITY OR	HILLS.	tside corporate limit		c. LENGTH OF ST.		c. CITY OR TOW					arest tow	m)
RURAL of	nd give neares	MARYLAND		I DAY	h	CUMBERL						
d. NAME C	TORS ATEL	HOSPITAL 9				d. STREET ADDR					ON A	SIDENCE A FARM?
3. NAME OF DECEASED (Type or pri		RUSSE	ıt	LER		REYNO	LDS 4. DA	ATE JU	LYonth	2	9	1860
s. sex		COLOR OR RACE	7. MARR	IED NEVER MAI		TOBER 7,	1915	9. AGE (In last high		Months Doys	R IF UND Hours	1
Radi	o Ann	Give kind of wark d life, even if retired) OUNCET	-		tion	CUMBERL	AND, M			U.S.A.		COUNTRY
13. FATHER'S N					7 3 4	14. MOTHER'S MA						
		REYNOLDS				THELM	A DAVIE	DSON				
15. WAS DECE (Yes, no, or unkno		U. S. ARMED FORCES, give war ar dates of se	rvice)	SOCIAL SECURITY I	NATA	ORIAL HO	SPITAL,	, CUMBER	LA ND		AND	
	RT I. DEATH	[Enter only one cau WAS CAUSED BY: MEDIATE CAUSE (o)		Multe		Tuyel.	- was				TERVAL BI	
2	037	DUE TO		·								
	ons, if any, ise to imm											
	), stating the											
PA CATION ON CONT OR CONT (IF EITHER	RT II. OTHER	SIGNIFICANT COND	OITIONS C	CONTRIBUTING TO	DEATH BUT NO	OT RELATED TO THE	TERMINAL DI	SEASE CONDITION	ON GIVE	N IN PART 1(o)	PERFO	AUTOPSY ORMED?
	RIBUTING [	NDERLYING D CAUSE OF DEATH DICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRED.	(Enter nature of inj	ury in Part I o	r Part II of item	18.)			
	OF INJURY r a.m. p.m.	Month, Day, Yea	While	NJURY OCCURRED  Not while at work	20e. PLAC factor	E OF INJURY (Homey, street, office bld	e, farm, 20f. lg., etc.)	(City or town)		(County	)	(State
	tify that (	) (this haspital	attenda			th accurred a	8:45R	ta July	29 es and	19 Cest		
22o. SIGN	IATURE	Lein	4	and	M.	ATTENDING PHYS.	MED.	STAFF PHYS. [			1-1/4	SIGNED
22c. PHYS NAM	F (T )	DR. LEO H	. LE	Y		456 NO	RTH CE	NTRE ST.	, cu	MBERLAN	D, M	D.
23a. BURIAL, C	REMATION,	23b. DATE THEREO	F	23c. NAME OF C			23d. L	OCATION (City,	town, or	county)	(Sto	ite)
Buria	1	8/2/60		Davis	Memori	al Cem.	C	umberla	and,	Maryl	and	
Char	_	GNATURE George	e C	umberla:	nd, Md	250	REC'D BY RI	EGISTRAR 2SI		TRAR'S SIGNATI		

DATE

may be sined by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be the State Board of Health prior to burial, cremation, or removal, and in any ment, within 72 hours ofter death. TO HOS VR A15 (4) 15M 9/59

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24

irs ofter death. Page 4

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	MATERIA				602,13A
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EPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any activities is necessary, please executed the certificate, writing the ward "pending" in pencil in Item PM3. Give Pages 1, 2, and 3 to the fune factor. Page 4 should be activitied to the Chief Medical Examiner's Office along with form PM3. Page 5, may be explained for your file.	INDERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages Tond 2 with the registrar prior to burial, cremation, emayal.

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VS.	A15ME(	5)
	M 9/55	

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7557 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

075	558
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PLACE OF DEATH			2. USUAL RESIDENCE	(Where deceo	sed lived. If Instit	ulion: Residenc	ce before adr	nission)
a. COUNTY	llamanır	MARYLAND	o. STATE	land	b. COUNT		gany	
b. CITY OR TOWN (If and give nearest town)	Allegany putside corporate limits, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN		porote limits, write			own)
Cumberla	nd	DOA	Cumb	erlan	1			
	L OR INSTITUTION (If not in	hospital, give street address)	d. STREET ADDRESS				10	RESIDENCE
Momorial	Hospital		802	Yale !	Street		YES [	] ио []
3. NAME OF DECEASED	First	Middle	Losi	4. DATE	Moni	th	Day	Year
(Type or print) K	ELLY	D. ROB	ISON	DEATH	July	2		19 60
5. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED 8	DATE OF BIRTH		9. AGE (In years lost birthday)		EAR IF UN	
Male	White WIDO	WED DIVORCED	April 9, 19	01	59 yrs.	Months Do	ays Hours	Min.
	N (Give kind of work done 10	b. KIND OF BUSINESS OR INDUST				12. CITIZE	N OF WHA	COUNTRY
Tire Worker	EW WEST CONTROL OF THE PARTY OF	Telly-Springfie	ld Fairview	Pani	nsvlvani	9 11	SA	
13. FATHER'S NAME		Tire Co.	14. MOTHER'S MAIDEN		19 AT A WILL	a o	DA.	
021		TILE OO.						
	RIN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. IP	Maria Wi	-				
	(If yes, give war or dates of service)	12 12 10 1 (2)			625 LAMEN			
no		217-10-60-16 Mr.	s. Elmer Cr	oss '	umberla	nd, Ma		
The second secon	H [Enter only one cause per l						INTERVAL SETY	VEEN EATH
	H WAS CAUSED BY:	Coronary Thr	ombosis, ]	Left			12 h	rs.
1420	DUE TO							
Conditions, if on	y, which) (b)	Coronary Sol	erosis					
gove rise to immed	iote couse	, , , , , , , , , , , , , , , , , , ,						
(a), stating the v	nderlying (c)							
		S CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	MINAL DISEAS	E CONDITION GI	VEN IN PART 1	(a) 19 WAS	AUTOPSY
05			ior replied to the terr	THE DISCIN	e contamon or	TEN IN TOKE	PERF	ORMED?
200. EXTERNAL CAU	CE MAC 20h DECA	TOTAL HOW INTUING OCCUPANTS AT	-1		10.		YES	№ □
PRIMARY OF CON	TRIBUTING [	CRISE HOW INJURY OCCURRED. (E	nter nature at injury in Po	ort I or Port II	of item 18.)			
20c. TIME OF INJUR Hour o. m. p. m.		Od. INJURY OCCURRED 20e. PLACE While Not while factor t work at work	CE OF INJURY (Home, for ory, street, office bldg., et	rm, 20f. (Cit	y or town)	(Count	y)	(State)
21. I certify th	at I taok charge of th	ne remains described aba	ve, held an Autap	sy X I	nspection 🔀	, Inquiry	T and	find tha
		s X, Accident , Suid						
	0 76							
ACTUAL SIGNATURE	Eenedict &	Retarden	_M.D. CHIEF MEDICAL	EXAMINER [			DATE	SIGNED
EXAMINER'S			ASSISTANT MEDI-	CAL EXAMINE	R 🔲			
NAME (Type)	BENEDICT S	KITARELIC. M.	D. DEPUTY MEDICAL	L EXAMINER	X JUI	Y 2.	1960	
220. BURIAL, CREMATION	, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR		22d. LOCA	TION (City, town,	or county)	(Sto	rte)
REMOVAL (Specify)	7/5/60	Fairview Chri	istian Cem.	Thele	smith.	ennsv	lvani	3
23. FUNERAL DIRECTOR'S		ADDRESS		"D BY REGIS		STRAR'S SIGN		<i>A</i>
Tohn di Ho	fan Cambanl	and Manueland	DATE	11 6 '6	0 -			
John . Ha	ter, cumberl	and, Maryland	DATE	11. 0 0	Cis	Thun & to		

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07559

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	llegenw		MARYLAN	O. STATE	Maryland			dence bel		ission)
b. CITY OR TOWN (IF	110gany outside corporate limits, write	RURAL	c. LENGTH OF STAY IN 11	c. CITY OF	TOWN (If outside	corporale limits,	write RURAL o	nd give n	earest la	wn)
and give nearest town)	berland		13 hrs.	) Ho	mewood	Additio	on Cu	mber	lar	nd,
		f not in hosp	pital, give street address)	d. STREET	ADDRESS				e. IS R	ESIDENCE A FARM?
Memorial	Hospita	7		Hom	newood Ad	ddition	1			NO E
3. NAME OF	Fir		Middle C	Los	4. DATE		Month	Day	١	Year
(Type or print)	EARL	E	UGENE S	HILLING	DEAT	H Jul	<b>V</b>	3	1	960
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED			9. AGE (In you	IFUND	ER TYEAR		ER 24 HRS.
Male	White	WIDOWED	DIVORCED	June	5, 1956	4	yrs. Months	Days	Hours	Min.
10a. USUAL OCCUPATIO during most of working	N (Give kind of work glife, even if retired)	done 10b. K	IND OF BUSINESS OR INDU		ACE (State or foreign berland,					COUNTRY?
13. FATHER'S NAME					MAIDEN NAME			-15		
Claytor	Schilli	ng		Evel	yn Pearl	. Gordo	n			
15. WAS DECEASED EVE	R IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO. 17	INFORMANT			ldress			
(Yes, no. or unknown)	(if yes, give war at collect of	pervices		Clayto	n Schill	ing,	Honewe	poc	Aga	itior
Conditions, if or gove rise to immed (o), stoling the ucouse lost.  PART II. OTH	inderlying DUE TO		Rupture				N GIVEN IN PA	ART 1(a) 1	9. WAS	AUTOPSY ORMED?
PART II. OTH  20a. EXTERNAL CAU PRIMARY A or CON CAUSE OF DEATH.	SE WAS TRIBUTING [		Struck by	auto						
20c. TIME OF INJUR	Y Month, Day, Ye		NJURY OCCURRED 20e. P					County)		(Stote)
7:30 p. mJ	uly 2 191	60 of wo	rk ot work 20 St	ate Rt.	#36 Home	wood A	dd. A	lleg	•	Md.
21. I certify th	at I took charge		emains described a			Inspection	K, Inqu	piry 🔀	, and	find that
death resulted	from: Natural	causes [	Tarelea	M.D. CHIEF	MEDICAL EXAMINER		ed cause [		DATE	SIGNED
EXAMINER'S NAME (Type)	ENEDICT	SKITA	RELIC, M.D		MEDICAL EXAMINE		ULY 3			
220. BURIAL, CREMATIO REMOVAL (Specify)	7/5/ 6	-	20c. NAME OF CEMETERY	1		erlin	own, or county	enn	Syl	∜ania
23 FUNERAL DIRECTOR	SSIGNATURE		ADDRESS mynaman,	Pa	24a. REC'D SY REC	GISTRAR 24b.	REGISTRAR'S			
Hawey	1. pelas	er-	J LICHIGHT,	La.	DATE THE 6	'60	arthur	8. K	aus	

VS. A15ME(5) 5M 9/55

## AND STATE DEPARTMENT OF HEATH SALTMOSE.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

07560

1. PLACE OF DEATH a. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLAND ALLEGANY
b. CITY OR TOWN (If autside corporate limits, v RURAL and give negrest town) CUMBER LAND	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  CRESAPTOWN
d. NAME OF HOSPITAL (If not in hospital, give or institution MEMORIAL & WARWICK A		d. STREET ADDRESS  Winchester Avenue  6. IS RESIDENCE ON A FARM? YES □ NO ☒
3. NAME OF First DECEASED (Type or print) WILL	Middle R.	SHANK 4. DATE Month Day Yeor DEATH JULY 25 19 60
LANC SHITTE	MARRIED NEVER MARRIED K	8. DATE OF BIRTH  MAY 12, 1908  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Manths   Days   Hours   Min.   Mi
10a. USUAL OCCUPATION (Give kind of work don- during most of working life, even if retired)  Did not Work  13. FATHER'S NAME  ALBERT SHANK	e 10b. KIND OF BUSINESS OR INDU	11. BIRTHPLACE (State or fareign country)  W.VA. Lewisburg  14. MOTHER'S MAIDEN NAME  ANNIE WRIGHT
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no, or unknown) (If yes, give wor or dates of service)		NFORMANT Winchester Avenue Ss. Annie Shank, Cresaptown, Maryland
DUE TO  Canditions, if any, which gove rise ta immediate cause (a), stating the under-lying cause last.  PART II. OTHER SIGNIFICANT CONDIT	FUCTIVE CE	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \( \text{NOT} \) YES \( \text{NOT} \) YES \( \text{NOT} \)
20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CO		ED. (Enter nature of injury in Part I ar Part II of item 18.)
Hour o.m.		LACE OF INJURY (Hame, farm, 20f. (City ar tawn) (Caunty) (Stote octory, street, office bldg., etc.)
21. I certify that (I) (this haspital) of saw the deceased alive on 220. SIGNATURE  22c. HYSCIAN'S NAME (Type) HOWARD L. TOLSO!	1232-19 <b>50</b> , and that o	death accurred do: 35MA from the causes and an the date stated abave.  M.D. ATTENDING   MED. DIRECTOR   STAFF PHYS. T 25. CUMBERLAND. MD.  122 SOUTH CENTRE ST CUMBERLAND. MD.
230. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY C	OR CREMATORY 23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR'S SIGNATURE  John J. Hafer, Cumbe	ADDRESS	25a. REC'D 8Y REGISTRAR 25b. REGISTRAR'S SIGNATURE

VR A15 (4) 15M 9/59

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IT MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If ony 22 y is necessary, please	Page 4		ERAL DIRECTOR: Page 3 should be used as a burial-transit permit, File pages 1 and 2 with the registrar prior to burial, cremat	
is nece	ector.		rior to	
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VS. A15ME(5) 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7574 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07561

Reg. Dist. No.

a. COUNTY Allegany	MARYLAND	o. STATE Maryl		b. COUNTY		The second second
b. CITY OR TOWN (If outside corporate timits, write RURA), and give nearest fown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		limits, write f	RURAL and give	nearest town)
Frostburg	lifetime	Frostbu	rg			
d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp	pital, give street address)	d. STREET ADDRESS				e. IS RESIDENCE
7 Ormond Street		7 Ormon	d Stree	t		YES NO
3. NAME OF First DECEASED (Type or print) ROBERT	Middle HOOPER SH	Lost HEARER	4. DATE OF DEATH	Month 7	1.3	
5. SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED 8	DATE OF BIRTH	9. AC	E (In years birthday)	IF UNDER TYEA	
M WIDOWED	DIVORCED	-23-1893		7 ym.	Months Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. K during most of working life, even if retired)	IND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State	or foreign country	)	12. CITIZEN	OF WHAT COUNTRY
Salesman Au	tomobile	Baltimor	e, Md.		Ī	J.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME			
Robert Shearer		Mollie Far	rady			
[Yes, no, or unknown] [If yes, give war or dates of service]		iformant is Ruth Pau	pe.227		Cumber]	
18. CAUSE OF DEATH [Enter only one cause per line f					IN	TERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	CORONARY	OCCLUSION			ON	SUDDEN
DUE TO						
Canditians, if any, which)	CORONARY SO	CLEROSIS			155	
(a), stating the underlying DUE TO						
cause last.						THE PARTY OF
PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMIN	NALDISEASE CON	IDITION GIVE	EN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CO	HOW INJURY OCCURRED. (E	nter nature of injury in Part	I or Part II of ite	n 18.)		
Ö Haur a. m. While		CE OF INJURY (Home, farm, ary, street, affice bldg., etc.)	20f. (City or to	wn)	(County)	(State)
21. I certify that I took charge of the re	emoins described obo	ve, held an Autopsy	, Inspec	tion K,	Inquiry [	and find the
death resulted from: Notural causes	Accident . Suid	cide, Homicide	, Undete	ermined co	ause .	
ACTUAL SIGNATURE Benedict St	Estarelia	_M.D. CHIEF MEDICAL EX				DATE SIGNED
	RELIC. M.D.	ASSISTANT MEDICAL E		JULY	13.	1960
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION	(City, tawn, o	r county)	(State)
Burial 7-18-60	Arlington Na	tional Cem	etery,	Arlin	gton	Va.
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR		TRAR'S SIGNAT	•
Level H. Writesant 23 F. Ma	neral Home In Frostbur	og .Md DATE JU	IL 20'60	an	ving S. th	ALLA

H	ENERGATE OF DEAT	ALEXAMINER'S CE	DIGENT PAGNIC	
		A du un	a summer	
		one open and police		
A STATE OF THE STA	Company of the second of the s			
	in the state of th			SEP Zest
		A SOCIAL PROPERTY OF WINDOW		
		TORRE TELEVISION		
to a later to				
		James (Dersey 2)		
27 15, 1980	TO SERVICE VEHICLES			

ST SECULIVIAN

7560

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

07562

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director,	led with	
uneral	d berk	M
中	pine	

rs after death. Page 4

TO HOSF LOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2/mrs after may be already by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 shot the State Board of Health prior to burial, crematian, ar remayal, and in any event, within 72 haurs after death.

VR A15 (4) 15M 9/59

1. PLACE OF DEATH O. SPUNEGANY	MARYLAND	2. USUAL RESIDENCE (Where a. STATE MARYLAND		an: Residence befare admission) ALLEGANY
b. CITY OR TOWN (If autside carporate limits, write RURAL and give rearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autsi		URAL and give nearest tawn)
d. NAME OF HOSPITAL (IF THE ANA REWITCE STORMED OR INSTITUTION AND MEMORIAL HOSPITAL	MORIAL /ES.,	d. STREET ADDRESS 21 WEST	FIRST STREET	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) A LBERT	Middle L•	SHORT 4.	OF JULY	th 90y Yeor 60
5. SEX 6. COLOR OR RACE 7. MARRI MALE WHITE WIDOWE	ED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH  AUGUST 28, 18	9. AGE (In years lost birthdoy) 9. AGE (In years yes.)	Manths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. I during most of working life, even if retired)  Retired Carmen Helper 3. FATHER'S NAME	Railroad	WEST VIR	GINIA	12. CITIZEN OF WHAT COUNTRY?
ALBERT LEE SHORT		HANK.	Hariet Co	wgill
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give war or dates of service)		IFORMANT EMORIAL HOSPITA	L CUMBERLAND	
IB. CAUSE OF DEATH [Enter only one cause per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		iscular co	llapse	INTERVAL BETWEEN ONSET AND DEATH
Canditions, if ony, which (b) Core		ent failur		,,
gove rise to immediate cause (a), stating the under-lying couse last.	enoderate	cardio nan	Man diseas	e many
PART II. OTHER SIGNIFICANT CONDITIONS C	ontributing to DEATH BUT	not related to the termina		YEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES □ NO ▼
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D. (Enter nature af injury in Port	t I ar Part II af item 1B.)	
20c. TIME OF INJURY Month, Doy, Year 20d. IN Haur a. m. 19 While at wark	Nat while fa	ACE OF INJURY (Home, farm, ctary, street, affice bldg., etc.)	20f. (City ar tawn)	(Caunty) (State)
21. I certify that (I) (this haspital) attends			O ta July 6 AMom the causes an	
Thomas 7. Levi		M.D. ATTENDING MED.	TOR STAFF PHYS.	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) DR. THOMAS LEW	IS	22d. ADDRESS ALGONQUI	N HOTEL, CUM	BERLAND, MARYLAND
230. BURIAL, CREMATION, 23b. DATE THEREOF Burial 7-9-60	23c. NAME OF CEMETERY OF FORT AShby		d. LOCATION (City, town, Fort Ashby	,,
24. FUNERAL DIRECTOR'S SIGNATURE James F. Scarpelli Cu	mberland, Md		4 0 .00	STRAR'S SIGNATURE  Onthur S. Kracia

\* 7 CHARLES TRANSPORT LE TRANSPORT F DAI and the Section of the Control THE STATE OF THE CASE OF SECOND the state of the s

ofter death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BENEVILLE VILL A STORES THE SELECTION OF THE STORES

VR A15 (4) 15M 9/59

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH	4			
	CERTIFICA	ATE OF DE	ATH	

07564

- "	7575	011 01 3	CERTIFICA	ATE OF D		MORE I, MARI	()	7564	
1. PLACE OF DEATH	llegany		MARYLAND		Maryl	ere deceased lived.	If institution: o. COUNTY	Residence befo	ne admission)
b. CITY OR TOWN	(If outside corporate limi	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR 1	_	ulside carporate lin	nils, wrile RUR/	AL and give ne	aresi lawn)
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in haspital, g	ive street of	ddress)	d. STREET A		n Stree	t		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Fir Agne		Middle	Stevenso		4. DATE OF DEATH	Month July	Do	Year 19 60
Female	6. COLOR OR RACE White		ED NEVER MARRIED	B. DATE OF BIRTI	1	75 9. AG	E (In years IF	UNDER 1 YEAR	IF UNDER 24 HR Hours Min.
during most of we House W	FION (Give kind of work orking life, even if retired	done 10b. K	of Business or Ind			or foreign country) ce Maryl			S.A.
13. FATHER'S NAME	James Bir	ningh	nam	14. MOTHER'S		set McMa	han		
15. WAS DECEASED EV (Yes, no. or unknown)	VER IN U. S. ARMED FOR (If yes, give wor or dales of s			Mrs.Cal		ames	Address	coning	m Md.
Candilions, if gave rise to couse (o), statin lying couse los	immediate og the under-	)							V
20g. ACCIDENT V	MAS UNDERLYING DEATH OF MEDICAL EXAMINER)	¿ C	CONTRIBUTING TO DEATH BUT OF THE POWER TO TH	ulas d	isea	se		IN PART I(a)	PERFORMED? YES NO
20c. TIME OF INJU	10	20d. IN While at wark		PLACE OF INJURY ( octory, street, office			vn)	(Caunty)	(Stot
21. I certify th	hat (I) (this traspital assed alive and the second	my of a	ed the deceased fram	M.D. ATTENDIN PHYS. 22d. ADDR	a A Mi	ED. STA	AFF YS. []	on the date	nat (I) (we) la e stated abave 22b. DATE SIGNE
23a. BURIAL, CREMAT	ION, 236. DATE THEREC		23c. NAME OF CEMETERY St. Pateri	OR CREMATORY		23d. LOCATION (		county)	(Stote)
24. FUNERAL DIRECTO	or's SIGNATURE Eichhorn	ī	ADDRESS		250. REC'I	D BY REGISTRAR	25b. REGISTR	AR'S SIGNATU	

100 and the second stand TODAY TOTAL BENEFIT OF THE SECOND OF THE SEC Sales of Paragraphy 是是是是不是有一个人。 在人才是是不是 The trace of the state of the s Later to the control of the control

TO HOST I OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 are offer death. Page 4 may be an are death of the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave corbon papers. Pages 1 and 2 should be filled with the State Board of Health priar to burial, cremation, ar removal, and in ony event, within 72 hours offer death.

VR A1S (4) 15M 9/59

1. PLACE OF DEATH o. COUNTY	Allegany	MARYLAND	2. USUAL RESIDENCE (Vo. STATE	Where deceased live	b. COUNTY	idence before admission)
b. CITY OR TOWN (If RURAL and give ne	f outside corporate limits, wr carest town)		c. CITY OR TOWN (I	f outside corporate		nd give nearest town)
d. NAME OF HOSPITA	AL (If not in hospital, give st		d. STREET ADDRESS	stburg	t-mark.	e. IS RESIDENCE ON A FARM? YES NO K
	ers Hospita			Vright S		
3. NAME OF DECEASED (Type or print)	George	e Albert	Wagner	4. DATE OF DEATH	July	15th, 19 60
Male		MARRIED NEVER MARRIED M	B. DATE OF BIRTH  Aug.lst.	_ 10	GE (In years ost birthdoy) Month	DER 1 YEAR IF UNDER 24 HRS hs Days Hours Min.
Oo. USUAL OCCUPATIO	ON (Give kind of work done ling life, even if retired)	10b. KIND OF BUSINESS OR INDU Paper Hanger		ote or foreign countr		CITIZEN OF WHAT COUNTRY
3. FATHER'S NAME	,	apor mangor	14. MOTHER'S MAIDEN			ODA
George	Wagner		Louise	Robert		
		16. SOCIAL SECURITY NO. 17.	INFORMANT	Robert		77 Mariah + 04
Yes, no, or unknown)	(If yes, give war or dates of service)	200 10 0000	Mrs.Annie	Plummer		ol Wright St
Conditions, if or gove rise to in couse (o), stoting t lying couse lost.	mmediate (	ar	revocal	erose	2	
		INS <u>CONTRIBUTING TO DEATH</u> BU	T NOT RELATED TO THE TER	RMINAL DISEASE CO	)NDITION GIVEN IN	PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] 20b.  CAUSE OF DEATH MEDICAL EXAMINER}	DESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury	in Port I or Port II o	if item 18.)	
20c. TIME OF INJURY Hour o. m. p. m.	W	Od, INJURY OCCURRED 20e. P /hile Not while work ot work	LACE OF INJURY (Home, fo octory, street, office bldg.,	etc.) 20f. (City or t	town)	(County) (State
21. I certify tha		tended the deceased fram.	// //	A.M. from the		9 40 that (I) (we) last
22o. SIGNATURE	John 1.	3. Davis,	M.D. ATTENDING ATTENDING PHYS.	MED. S	STAFF PHYS. [	22b. DATE SIGNE
22c. PHYSICIAN'S NAME (Type)	John B	P. DAVIS, M	D 22d. ADDRESS 2 Byon	oduo	+ FND	Many 1
3a. BURIAL, CREMATIO REMOVAL (Specify) BULLIAL	7-18-60	F bg . Memor	or crematory ial Park		(City, town, or count burg,	(Sfote) Md.
FUNERAL DIRECTOR	S SIGNATURE	ADDRESS		EC'D BY REGISTRAR		A.A.20
1.19.	turst	Frostburg.	Md DATE	JUL 1 9 '60	ariha	1 S. Kraus

10 5 55 HIARC TO STADE WALL COMMENTS OF SEATH SECOND OF LUGAR. St. A.S. St. Berry Paragraphic Committee of the Alexander Committee of the C THE WEST TO SERVICE TO SERVICE THE SERVICE OF THE S The state of the s

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7561

CERTIFICATE OF DEATH

07566

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Alleg				MARY		°Mary	rland		d lived. If institut b. COUNTY	All	egany	
b. CITY OR TOWN (If RURAL and give nea	rest lawn)	s, write		H OF STAY	IN 1b		_		rate limits, write f	RURAL ond gi	ve negrest tow	n)
d. NAME OF HOSPITA			55y	rs		d. STREET	erland	1		Ud		
OR INSTITUTION	Hampshir							npshi	re Ave.	. /	ON	SIDENCE A FARM? NO
3. NAME OF DECEASED (Type or print)	Eva.		ay	Middle Walt	ers	-	ost	4. DATE OF DEATH	July	18,	р <sub>оу</sub> 1960	Year 19
5. SEX	6. COLOR OR RACE	7. MARR	V	VER MARRIE		8. DATE OF BIR		87T	9. AGE (In years last birthday)	Months (	YEAR IF UND	ER 24 HRS. Min.
10a. USUAL OCCUPATION	(Give kind of work of	lane 10b.	KIND OF B	BUSINESS OF	R INDU	TRY 11. BIRTH	PLACE (Stole o	or foreign c		12. CITIZ	EN OF WHA	COUNTRY
Housewif	ng life, even if retired)		wnho	me		Cen	ter Co	unty	. Pa.	US	5A	
13. FATHER'S NAME							S MAIDEN N					
Henry Bu	sh					Hanı	nah W	Vatso	n			
15. WAS DECEASED EVER	IN U. S. ARMED FORE		SOCIAL SE	CURITY NO.	17. H	NFORMANT			Add	lress		
No	yes, give war or ourse or re		one	Ser.	C:	lyde Wa	alters	29	New Har	npshir	e Ave	
18. CAUSE OF DEAT	H [Enter only one con H WAS CAUSED BY: IMMEDIATE CAUSE (c)					cinoma	a. pr	insrv	site m	not	INTERVAL BI	ETWEEN DEATH
190	DUE TO						de	etern	ined	100	l mo	nth
Conditions, if on	which ) (b)										827	,1101
gave rise to im couse (o), stating th	mediate (		1177									
lying cause last.	(c)											
PART II. OTHE	R SIGNIFICANT CON	OITIONS C	ONTRIBUT	ING TO DEA	TH BUT	NOT RELATED T	O THE TERMIN	NAL DISEAS	E CONDITION GIV	EN IN PART	1(a) 19. WAS	AUTOPSY
PART II. OTHE	scleroti	c ca	rdio	vasci	ılaı	dise:	ase					NOTE
200. ACCIDENT WAS OR CONTRIBUTING [ (IF EITHER, NOTIFY N	LINDERLYING []							art I or Pari	t II of item 18.)		7 10	
20c. TIME OF INJURY Hour o. m. p. m.	Manth, Day, Yea	While	NJURY OCC	while	20e. PL/ foo	ACE OF INJURY story, street, offi	(Home, farm, ce bldg., etc.)	20f. (City	or town)	(Co	eunty)	(State)
1 1 -	t lattended the uly 18	decease				occurred a	5 to Ju	M. from	n the causes o	that I la	ist saw the	deceased
	119 1	11	//	1	4				treet, city or lown,			ATS SIGNED
ACTUAL SIGNATURE	aucton	Mess	ulle	R, TX	(1)	M.D					7	119/4
PHYSICIAN'S G.	Overton	Him	melw	right	-11		rginia	a Ave	. Cumbe	erland	l,Md.	
220. BURIAL, CREMATION REMOVAL (Specify) BUTTA	7-21-60	F				CREMATORY Burial			tion (city, town.		(Sta	le)
23. FUNERAL DIRECTOR'S	SIGNATURE CArpelli	Cun	ber	ess nd,	Md.		240. REC'D	BY REGIST		STRAR'S SIGN		

may be jined by the haspital or attending physicion.

2 FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filed with the registror prior to burial, crematian, or removal, and in any event within 72 hours ofter death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO HOSPIT TO FUNER VS A15 (4) 15M 10/57

rs after death. Page 4

STATE OF STATEMENTS	DASH NO DE		5
	APRIL OF DEA	CERTIFICA	
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made of me to thought the state of			
The second of the			
	THE PERSON NAMED IN		

TO DEPUZY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any difficience, writing the word "pending" in pending liem, 18. Give Pages 1, 2, and 3 to the color director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to buriol, cremotion, or removal, and in any event within 72 hours after death.

VS. ATSME 5M 2/57

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07567

-	()	0.6	T.	tem 9 F	ilmG267	7 7 22 -	60 et			Reg. Di	st. No	•
	LACE OF DEATH					Ta .	ESIDENCE (WI	here deceased	lived. If institu	tion: Reside	nce bef	ore admission)
0	. COUNTY	llegany			MARYLAND	o. STATE	Maryl	land	b. COUNT	Y A1	leg	any
b.	city or town [if and give negres! town] Cumber		rite RURAL	c. LENGTH O	F STAY IN 16	c. CITY O		outside corpor	ate limits, write	RURAL ond	give no	earest town)
d.	NAME OF HOSPITA	L OR INSTITUTION	(If not in he	ospital, give stree	oddress)	d. STREET	ADDRESS	110110				. IS RESIDENCE
	Memoria	l Hosp.				56 H	Bedfor	d St.	1			YES NO X
D	IAME OF ECEASED Type or print)	Jo	irst h n		ech	Will	liams	4. DATE OF DEATH	July	h	Doy 17	Yeor 1960
5. SI	X	6. COLOR OR RACE	7. MARR	IED NEVER	MARRIED   8	. DATE OF BIRT	TH	9.	AGE (In years	IF UNDER	TYEAR	IF UNDER 24 HRS.
V	Male	White	WIDOWI	ED A DIV	ORCED 🗌	Nov.	9, 18	383 7	out hylliday)	Months [	Doys	Hours Min.
de	usual occupation oring most of working axi Driv	life, even if retired	] _	anspor				or foreign cou				F WHAT COUNTRY
	FATHER'S NAME	CI	111	daspor	Dation	7	S MAIDEN NA		v a .		W.	Va.
13.												
15	WAS DECEASED EVE	Villiams	OPCESS 14	SOCIAL SECTION	TY NO 117 W		rmanda	a Hall				
[Yes,	res.	11 yes, give war or dates (	of service)	214-05-			enry :	r. Pyl	Address les 230	Cumb Gle	erl	and, Md St
	18. CAUSE OF DEATI	I Enter only one co			***************************************						INTER	VAL BETWEEN
	PART I. DEATH	WAS CAUSED BY	-1	CEDI	EBRAL	пеморр	HACE					T AND DEATH
	231	DUE TO		VISIT.	MINAL	DEMUKA	HAGE				-	6 wks
	Conditions if an			A TO ITO I	TRACC	EDAMI	a mun	Domnay	0 T V I			
	Conditions, if on	ote couse	b)	AKTI	ERIOSCI	LEROTI	CHYP	ERTEN	SIVE D	ISEAS	E	
	(a), sloting the un	nderlying DUE TO	)									
,			c)	ON STOUGHT WILL OF THE	0.001.01.01.0	LAY BELLIVED Y						
CATION	PART II, OTHE	R SIGNIFICANT CO	NOTITIONS C	ONIRIBUTING 10	DEATH BUT N	NOT RELATED TO	O THE TERMIN	NAL DISEASE C	ONDITION GIV	EN IN PART	1(0) 15	P. WAS AUTOPSY PERFORMED?
3											Y	res NO
OK	20g. EXTERNAL CAUS PRIMARY [] or CON CAUSE OF DEATH.	E WAS TRIBUTING	20b. DESCRI	BE HOW INJURY	OCCURRED. (E	inter noture of i	injury in Part	l or Port II of	item 18.)			
MEDICAL	20c. TIME OF INJURY	Month, Day, Y	Whi	INJURY OCCUR	le racti	CE OF INJURY ory, street, office	(Home, form, te bldg., etc.)	20f. (City or	town)	(Cour	nty)	(Slote)
1 7	21. 1 certify the					ua balda.	A					
									pection ,	Inquiry	77	-
	opinion death r	esulted from:	Natural	copises X.	Accident [	, Suicio	de 🔲, H	omicide L	, Undete	rmined m	onne	r 📙
	ACTUAL A	, ;	4 /	1-	,11							DATE SIGNED
	SIGNATURE_	endes	Sh	Marei	w	_M.D. CHIEF	MEDICAL EXA	MINER [				DATE SIGNED
	EXAMINER'S		7-			ASSIST	ANT MEDICAL	L EXAMINER [				
		NEDICT S	KITA	RELIC.	M.D.	DEPUT	Y MEDICAL EX	KAMINER 🗔	TIII.Y	17	10	260
220.	BURIAL, CREMATION			22c. NAME OF		CREMATORY		22d. LOCATIC	N (City, town,	or county)	-	(State)
1	REMOVAL (Specify)	7/19/6	0	Zion M	emoria	1 Cem			rland			
-	UNERAL DIRECTOR'S			ADDRESS		V VVIII	24a. REC'D	BY REGISTRA	R 24b, REGIS	STRAR'S SIGI	NATUR	E
I	H. Wayne	George	Cumbe	erland,	Maryl	land	DATE JU	L 1 9 '60	a	thun S.	Krau	A
- Marketon							when we will be a second	-				

The same of the sa CONTRACTOR OF THE CONTRACT OF THE PARTY OF T SIL - LES THE THIRD IT BUILDING BOLACTOR , and a second second [1] A 12 (1) Sept. [1] [1] A 12 (1) A 13 (1) A 14 (1) A 15 (1) A 1 COMPANY NEWS AND A STATE OF TO SHOW THE RESIDENCE OF THE PARTY OF THE PA THE REPORT OF THE PERSON OF TH ers after death. Poge 4

LOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HOSP

VR A1S (4) 1SM 9/S9 Novs

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 7563

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			_		

1.	LACE OF DEATH L. COUNTY ALLEGANY MARYLAND			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLAND b. COUNTY ALLEGANY			
	b. CITY OR TOWN (IF RURAL and give near CUMBERLA		c. LENGTH OF STAY IN 16		If autside carporate lin	nits, write RURAL and	d give nearest tawn)
	d. NAME OF HOSPITA OR INSTITUTION WARWICK	MEMORTA'L' HOSP'I & MEMORIAL AVE	TALS	d. STREET ADDRESS	HENDERSON	A VE NUE	e. IS RESIDENCE ON A FARM? YES NO 💢
3.	NAME OF DECEASED (Type ar print)	First BABY BO	Middle	WOLFE	4. DATE OF DEATH	Manth JULY	Day Year 19 60.
5.	. SEX	6. COLOR OR RACE 7. MARR	HED NEVER MARRIED	8. DATE OF BIRTH	9. AG	E (In years IF UNDE birthday) Manths	R 1 YEAR IF UNDER 24 HRS.
L	MALE	WHITE WIDOWE	DIVORCED [	7-5-60		yrs.	Days Haurs Min.
10	None	N (Give kind af wark dane 10b. ng life, even if retired)	KIND OF BUSINESS OR INDU		LAND, MD.		J. S. A.
13	B. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
L	RAYMOND /	4. WOLFE		KATHLEE	M. KEILE	Y	
		IN U. S. ARMED FORCES? 16. f yes, give war or dates of service)	SOCIAL SECURITY NO. 17. IP	MEMORIAL HO	OSPITAL -	Address CUMBERLAND	, MD.
CATION	Canditians, if an gave rise ta im cause (a), stating the lying cause last.	mediate Dus To	remandal condibuting to death but	Otelent NOT RELATED TO THE TEN	ones Z	ev Didition GIVEN IN PA	ONSET AND DEATH  ART 1(a) 19. WAS AUTOPSY PERFORMED? YES \( \) NO \( \begin{array}{c} \)
CAL CERTIFI		CAUSE OF DEATH		ACE OF INJURY (Hame, fo	arm, 20f. (City ar tay		(Caunty) (State
MEDICAL	Haur a.m.	19 While at war	Nat while fa	ctary, street, affice bldg.,	etc.)		
	21. I certify that saw the decease 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	relents 1	Mulwa	M.D. PHYS.  22d. ADDRESS	MED. STA	causes and an the	he date stated above.  22b.DATE SIGNED
		NR FIII FR R W					
12			HITWORTH				
23			23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (	City, tawn, ar caunty	

THE REPORT OF TH

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TO THE TRANSPORT OF THE PROPERTY OF THE PARTY OF THE PART

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

07569

ALLEGANY

Day

IF UNDER 1 YEAR IF UNDER 24 HRS.

e. IS RESIDENCE ON A FARM?

YES NO X

Year

1960

7564 with directar 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY filed MARYLAND ALLEGANY MARYLAND funeral c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest fawn) b. CITY OR TOWN (If autside carporate limits, write RURAL and give negrest town)
CUMBERLAND CUMBERLAND HRS. d. NAME OF HOSPITAL (If not in haspital, give street address)
OR INSTITUTION MEMORIAL & WARWICK AVES d. STREET ADDRESS 908 LAFAYETTE AVE. þ MEMORIAL HOSPITAL and NAME OF First Middle 4. DATE filled DECEASED EDITH MAY YODERS ages death (Type ar print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH campletely MARCH 18, 1916 **FEMALE** WIDOWED [ DIVORCED T papers. 10a. USUAL OCCUPATION (Give kind of work dane The KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during mast af warking life, even if retired) Novelty Store pup Sales Clark pan 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME COL c physician MORY RUNION remave 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT attending 216-22-5131 No please duy 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY tarlen IMMEDIATE CAUSE (a) the pup py remayal, has been signed by rial-transit permit. Canditians, if any, gave rise to immediate DUE TO cause (a), stating the underlying cause last physician. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) certificate MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED factory, street, affice bldg., etc.) Haur a. m. While Nat while at wark at wark After 21. I certify that (1) (this haspital) attended the deceased from\_\_\_\_ detached sow the deceosed alive an 18 TO FUNERAL DIRECTOR: 22a. SIGNATURE ATTENDING PHYS. Hunchiel arilon pe M.D. 22c. PHYSICIAN'S 22d. ADDRESS 3 shauld NAME (Type) CARLTON BRINSFIELD page 3 sh the State 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Burial 22 - 60Park Sunset 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) James F. Scarpelli Cumberland."d.

9. AGE (In years last bir hday) Manths Days Haurs YES. 12. CITIZEN OF WHAT COUNTRY? U.S.A. KEYSER, W. VA. OLIE DOUTHITT Address INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO (State) \_, that (1) (we) last 19 60, and that death occurred di 35 MP Mam the causes and on the date stated abave. 22b. DATE SIGNED STAFF PHYS. DIRECTOR BALTIMORE AVE. CUMBERLAND, MD. 23d. LOCATION (City, tawn, ar county) 25b. REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR DATE UL 2 2 '60 arthur S. Kraus

b. COUNTY

Manth

JULY

DEATH

that the death certificate LOR

's after death.

15M 9/59

